TLT Program Application



NameE-mail		Home Phone Cell Phone		
City		State / Prov	Zip	
Age Birth Date _	Home Church		Baptized Yes No	
School Name			Grade	
School Address				
City	ninese e i i	State / Prov	Zip	
Class or classes comple	☐ Trail Companion ☐ Explorer ☐ Frontier Explorer	☐ Ranger☐ Frontier Ranger☐ Voyager	☐ Wilderness Voyager ☐ Guide ☐ Wilderness Guide	
Club	Year	Director		
adherence to the TLT Pl	olication and future participation edge as well as the Pathfinder P nual and commit myself to deve Applicant Signature	ledge and Law. I agree to pa loping my Christian leadersh	rticipate in the TLT Program as	
Parent	/Guardian Signature	Date		
Mark the two operational departments selected for the 1 *Recommended 1st year Recommended □ Administrative □ Teaching □ Outreach □ Activities				
Club Official Use Only				
☐ Approved for particip	pation Date//(Club/TLT Director Signature		
TLT Mentor e-mail	LT Mentor e-mail		TLT Mentor Signature	
Conference Official Use	Only			
Date received /	Co	nference Director Signature		