



Explorer Territory—North Star Chapter

Frontiersmen Camping Fellowship

Application for Membership (Please Print Legibly)

Print Name: _____ Phone: _____
(First) (Middle) (Last)

Address: _____

E-Mail: _____ Tee-Shirt Size _____

Age: _____ Birthday: _____ Section: _____ Chartered Outpost _____

Church Name and Address: _____

Non Royal Ranger activities involved in at church: _____

Requirements for Boys

Be 11 years old or graduated the 5th Grade

Complete the Big Adventure Camp and Fall Trace in the same calendar year

Be an active member of Royal Rangers

Earned 1 of the following : Discovery Gold Eagle, Adventure Bronze Medal or Expedition E1 Award

Have a genuine interest in the camping aspect of Royal Rangers

Submit a 300 word essay "Why you want to be in FCF" If problem with writing then needs to be able to explain why at camp

3 recommendations need to be completed on the back of this form

Note: This application and your essay need to be mailed to the FCF President **no later than July 7, 2017** .

STATEMENT OF PURPOSE: The goal of the Royal Ranger Ministry is to Evangelize, Equip and Empower the next generation of Christlike men and lifelong servant leaders. Realizing the Frontier Camping Fellowship upholds this purpose in its fullness, I agree to live by the ideals set forth in the above requirements and hereby submit my application.

Requirements for Leaders

Be 18 years old or older

Complete the Big Adventure Camp and Fall Trace in the same calendar year

Be an active member of Royal Rangers and in good standing with your church

Earn the Ready and Safe levels for the Outpost Leader.

Attend either the NRMCM, NEEC or WCO National Training

Have a genuine interest in the camping aspect of Royal Rangers

Submit a 300 word essay "Why you want to be in FCF"

3 recommendations need to be completed on the back of this form

Applicant's Signature: _____ Date: _____

RECOMMENDATION OF BOY'S SPONSOR: _____

SPONSORS'S SIGNATURE: _____ DATE: _____

RECOMMENDATION OF OUTPOST COORDINATOR: _____

COORDINATOR'S SIGNATURE: _____ DATE: _____

RECOMMENDATION OF PASTOR: _____

PASTOR'S SIGNATURE: _____ DATE: _____

MAIL COMPLETED APPLICATION FORM TO:

TIM BOULDIN
FCF PRESIDENT
1424 24TH AVE NW
FARIBAULT MN 55021

For Office use only: Received _____ Reviewed _____ Accepted _____ Rejected _____ Notified _____