COLORADO SPRINGS FIRE EXPLORER PROGRAM ANNUAL EXPLORER ACADEMY YOUTH APPLICATION

NAME			
ADDRESS			
(City)	(State)	(Zip)	
PHONE HOME	CELL	·	
DATE OF BIRTH	GRADE IN SCHOOL		
GRADE AVERAGE	(attach High School grade check)		
MEMBER OF EXPLORER POST # (attach Advisor Form)			
E-MAIL ADDRESS			
PARENTS NAMES			
PARENTS ADDRESS (IF DIFFERENT	FROM ABOVE)	
PARENTS PHONE NUMBERS – (WHE	ERE THEY CAN BE	REACHED DURING THE ACADEMY)	
HOME		_	
CELL		_	
WORK		_	
T-SHIRT SIZE			
EXPLORERS SIGNATURE		(DATE)	
PARENTS SIGNATURE		(DATE)	
POST ADVISOR'S SIGNATURE \$100 Fee per Explorer		(DATE)	

Please attach:

- 1) Grade check (latest report card)
- 2) Medical form
- 3) Fee
- 4) Number of family member that will attend Saturday

COLORADO SPRINGS FIRE EXPLORER PROGRAM

ANNUAL EXPLORER ACADEMY

POST ADVISOR FORM (Filled out by an Advisor!)

POST NUMBER		
POST ADVISOR		
ADDRESS		
City	State	Zip
PHONE (1)	(2)	
E-MAIL ADDRESS		
I AM AVAILABLE TO HEI	LP AT THE RIDE ACADEMY.	
I AM UNABLE TO ATTEN	ND THE RIDE ACADEMY.	
I WILL BE ABLE TO ATTI	END THE FOLLOWING DAYS: (CIRCLE) F S*	
I WOULD BE WILLING TO HELP I	N THE FOLLOWING AREAS:	
I WOULD RECOMMEND THE FOL LEADERSHIP ROLES AT THE CSF.	LOWING EXPLORERS FROM POST # D EXPLORER ACADEMY:	FOR

*NOTE: SATURDAY ACTIVITY – GRADUATION AND FAMILY BBQ