



National Office Cashier Services
 Amount _____
 NFEEC: 62007-1470



Explorer and Adult Leader Registration

2010 National Fire/Emergency Services Exploring Conference

Mail payment of \$375/pp to: 1329 West Walnut Hill Ln., Irving, TX. 75038

Phone: 972-580-2437, Fax: 972-580-2137

PARTICIPANT INFORMATION To be completed by every Explorer and Adult Leader in attendance at the conference

Mr. Mrs. Miss Ms.
 Classification: Explorer Advisor

For Federal or Other Statistical Reports Only
 Sex: Male Female

Last Name _____ First Name _____ Age _____

Email address _____ Participating Organization _____

Mailing Address _____

City _____ State _____ Zip _____ County (where you live) _____

Phone _____ Ext _____ Other Phone _____

Student # _____
 (Social Security # or Assigned ID)

Date of Birth _____

Ethnic Group
 01 __ White, Non-Hispanic
 02 __ Black, Non-Hispanic
 03 __ Hispanic
 04 __ Asian or Pacific Islander
 05 __ Native American or Alaskan

Education Goals
 A __ Earn Associates Degree (2yr)
 C __ Earn Certificate
 T __ Earn Credits to Transfer
 S __ courses for Skill/Job Improvement
 E __ Personal / Enrichment

POST INFORMATION To be completed by Post Advisor

Post # _____ Local LFL Office No. _____ Local LFL headquarters city _____

Skill Level of Explorer: Beginner _____ Intermediate _____ Advanced _____

Post Advisor's Signature _____
 I understand with this signature I agree to be responsible for this Explorer

COURSE INFORMATION Be sure to fill in complete course information below before mailing it to the address shown.

OFFICIAL USE ONLY

Term: 2 0 1 0 Q 4

Synonym: _____ NW
 Campus Site

Section: F I R S - 1 0 9 1 3 1 7 7 6

Title: Fire Explorer Conference

Days: M - Th Dates: July 5 -8, 2010 Times: 8:00 am - 5:00 pm Fee: \$0.00

PARENT/GUARDIAN INFORMATION:

Permission to photograph Explorer: YES NO

Name of parent or guardian: _____ Home/Cell #: _____

Home address _____

City _____ State _____ Zip _____ County _____

Signature of parent or guardian _____ Date: _____