



Expedition Rangers Information

9th thru 12th Grade

Today's Date:

Name:	Attach Photo of Boy Here
Nickname (if you have one):	
Address:	
City: State: Zip Code:	
Mobile No.: Home No.:	
Day of Birth:	
School: Grade:	
Allergies / Medical Considerations:	

Parents Information

Father's Name:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Address:	
City: State: Zip Code:	
Mobile No.: Home No.:	
Personal Email:	

Mother's Name:	List name and ages of brothers and sister. (Name & Age)
Address:	
City: State: Zip Code:	
Mobile No.: Home No.:	
Personal Email:	

Note: If this student moves to another church please copy and send this form with them. Keep a copy for your files. Rev. 01-08-17 lsj