

FRONTIERSMEN CAMPING FELLOWSHIP

Trail of the Grizzly Application

Date of Application _____

Ranger's Name: _____ Phone: () _____
(Last) (First) (MI)

Address: _____
(Street) (City) (State) (Zip)

Age: _____ Birth Date: ___/___/___ Section: _____ Outpost Number: _____

Church Name: _____ Phone: () _____

Church Address: _____
(Street) (City) (State) (Zip)

Ranger's E-Mail Address: _____

Activities in the church other than Royal Rangers: _____

Present Royal Ranger Position

- Adventure/Expedition Ranger
- Lt. Commander
- Outpost Commander
- Senior Commander
- Outpost Councilmen
- Pastor

Number of Merit Awards: _____ # of years in Royal Rangers: _____

Date Trail of the Grizzly Merit Awards earned: Rope craft _____ Fire craft _____ Cooking _____

Compass _____ Lashing _____ First Aid Skills _____ Camping _____ Tool craft _____

SPECIAL NOTE: The below Additional Requirements For Membership will be completed at the Outpost Level. These Additional Requirements **must** be met when this application is submitted.

ADDITIONAL REQUIREMENTS FOR MEMBERSHIP

1. Explain the plan of Salvation in detail.
2. Explain the meaning of the RED, GOLD, and BLUE points of the Royal Ranger emblem.
3. Boys: Be an Adventure Ranger and be recommended by the Outpost Commander.
4. Leaders: Complete the RR Basics Module of the LTA and be a RR leader in good standing with his church.

Submit this application, along with a statement why you wish to be a member of the FCF and what you hope to contribute to the Okefenokee Chapter, to the Chapter Scribe by **Commanders Conference**.

STATEMENT OF PURPOSE: "Realizing the goal of the Royal Rangers ministry is to Reach, Teach, and Keep boys for our Lord Jesus Christ, and that the Frontiersmen Camping Fellowship upholds this goal by Giving and Serving within the Ranger Ministry, and agreeing to live by the high standards of the Ranger Pledge, Code, and Motto, I hereby submit my application."

APPLICANT'S SIGNATURE _____ **Date** _____

RECOMMENDATION OF PASTOR:

PASTOR'S SIGNATURE _____ **Date** _____

SPONSOR'S SIGNATURE** _____ **Date** _____

**** Sponsor; please ensure the applicant you are sponsoring has met ALL of the requirements for membership before signing this application.**

Mail Application and Fee (**NO CASH** – Check/Money Order only made out to **Georgia FCF**), and applicant's statement to:

Jim Warfel
2106 Hoover Street
Albany, GA 31707

Application Fee: \$35.00

For Official Use Only: Received _____ Reviewed _____ Accepted _____ Rejected _____ Notified _____