## **TLT Program Application**



Name Home Phone				
E-mail		Cell Phone		
Address				
City		State / Prov.	Zip	
Age Birth Date	Home Church		Baptized 🖵 Yes 🖵 No	
School Name			Grade	
School Address				
City		State / Prov	Zip	
Class or classes comple Friend Trail Friend Companion	Trail Companion Explorer	<ul> <li>Ranger</li> <li>Frontier Ranger</li> <li>Voyager</li> </ul>	<ul> <li>Wilderness Voyager</li> <li>Guide</li> <li>Wilderness Guide</li> </ul>	
List your participation Club	in Pathfinder clubs: Year	Director		
I understand that my ap adherence to the TLT P outlined in the TLT Ma	edge as well as the Pathfinder nual and commit myself to dev Applicant Signature	on are evaluated on my perfor Pledge and Law. I agree to pa reloping my Christian leadersl	rmance in Pathfindering and my articipate in the TLT Program as	
			Date	
Mark the two operational departments seleced for the Recommended 1st yearRecommended I administrativeAdministrativeI TeachingOutreachI Activities				
<b>Club Official Use Only</b>				
Approved for partici	pation Date//	Club/TLT Director Signatur	e	
TLT Mentor e-mail		TLT Mentor Signature		
Conference Official Use	nlv			
Date received/	_/ C	_/ Conference Director Signature		