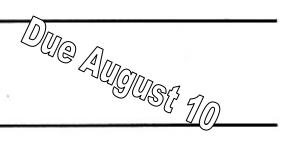
TLT Program Application



Name				Home Phone		
Address				City	Zip	
Age	Date of Birth	ı Gra	ide (itizenship		
Home Church				Baptized Yes No		
Name of	school now attend	ling				
School Address			c	City Zip		
Class or	classes completed	:				
☐ Trail Friend ☐		☐ Trail Companion ☐ Explorer ☐ Frontier Explorer	☐ Ran ☐ Froi ☐ Voy	ntier Ranger	□ Wilderness Voyager□ Guide□ Wilderness Guide	
List your	r participation in P	athfinder clubs:				
Club	Club Year			Director		
I underst	and that my applic te to the TLT Pled	ge as well as the Pathfind Il and commit myself to d	ation are evalua er Pledge and I eveloping my (ted on my perf Law. I agree to Christian leade	on in the TLT Program. formance in Pathfindering and my participate in the TLT Program a rship potential to its fullest. Date	
Signature						
Recon	e two operational d nmend 1st year ministrative Classwork/Honor	epartments seleced for the Recommend	2 nd year	Reco □ F	nent: ommend 3 rd year inance/Clerical ounseling	
Club Of	ficial Use Only					
☐ Appro	oved 🖵 Disapp	roved Date/	/ Club D	irector Signatu	ire	
Date to begin service/ TLT Director Signature						
Confere	ence Official Use	e Only				
Date room	aired / /		Conference Dire	actor Signature		