



# OUTPOST LEADER ADVANCEMENT APPLICATION

FOR OFFICE USE
AMOUNT PAID: _____
FOP: _____

Application Date: \_\_\_\_\_

First Name:	MI:	Last Name:
Home Address:		
City:	State:	Zip Code:
Preferred Phone Number:	Alternate Phone Number:	
Email Address:		
District:	Royal Ranger Leadership Position:	
Church:	Outpost #:	Currently Chartered? Yes <input type="checkbox"/> No <input type="checkbox"/>

### TRAINED LEADER CHECKLIST

REQUIRED TRAINING ELEMENTS	DATE COMPLETED
READY Advancement Level ( <b>Verified by national office</b> )	
SAFETY Advancement Level ( <b>Verified by national office</b> )	
Attended <b>one</b> of the following national training events: <b>NRMC</b> or <b>NEEC</b> (circle event attended) Location: _____	

REQUIRED PRACTICAL APPLICATIONS (Honor system not verified by district)	DATE COMPLETED
Personally presented the Gospel to at least one boy. (Previous presentations may NOT be included.)	
Participated in teaching and/or facilitating the instruction of a leadership merit and its correlating service/ministry project.	

**PLEASE NOTE: Required Training Elements will need to be verified by the National Royal Rangers Training Department so district verification is not necessary. Any items left blank will result in a delay in processing.**

Processing fee: (Includes Two Patches, Certificate, & Shipping/Handling)	\$10.00 (non-chartered price) \$8.50 (chartered price)	Additional Patches: (Per Patch. Includes Shipping/Handling)	\$3.75 (non-chartered price) \$3.00 (chartered price)
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**Please allow 3 to 4 weeks for processing.**

(FOR CREDIT/DEBIT CARD PAYMENT ONLY)	
CARD NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EXP. DATE: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
NAME OF CARDHOLDER AS IT APPEARS ON CARD (PLEASE PRINT)	
SIGNATURE OF CARDHOLDER	
BILLING ADDRESS (IF DIFFERENT THAN ABOVE)	
BILLING TELEPHONE NUMBER	

\$ \_\_\_\_\_

**AMOUNT**

