



SOUTHERN PACIFIC DISTRICT

ROYAL RANGERS REGISTRATION FORM



(Please Print Clearly)

Office Use Only:

Date: ____/____/____	Cash ____ MO ____ CK ____ LM ____ Amt:\$ ____
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R O Y A L R A N G E R I N F O R M A C I O N

Last Name			First:			Middle:		
Address:			City:			Zip Code:		
Phone: ()			Cell: Can you receive text? ____ ()			Email Address:		
Outpost Coordinator (Sr. Commander):			Church Name:			Pastor Name:		

What Ranger Training have you had in the past and year taken:

RANGER BASICS
 RANGER ESSENTIALS
 SAFETY
 NEEC or NRMCM
 WCO

Date: _____
 Date: _____
 Date: _____
 Date: _____
 Date: _____

What is the best way to contact you?

(circle one)

Cell Phone
 Home phone
 Text
 Email
 Mail
 Twitter
 Face book
 Other: _____

Face book name or Twitter name	Chartered Outpost <input type="checkbox"/> YES <input type="checkbox"/> NO	SECTION:	OUTPOST #	No. of years in Rangers
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NOTE: Payment must accompany registration Make church checks or Money Order payable to: Southern Pacific District	Training Date: ____/____/____
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ABSOLUTELY NO PERSONAL CHECKS

Please contact me first at (213)344-6054 to let me know that you are coming, then send form to:

Mail: Royal Rangers
 614 South 5th Ave
 La Puente, CA 91746-3029

Office Use: Extra Patch \$ _____	TRAINING COMPLETED: RANGER BASICS <input type="checkbox"/> RANGER ESSENTIALS <input type="checkbox"/>
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