



## OUTPOST LEADER ADVANCEMENT APPLICATION

<b>FOR OFFICE USE</b>
<b>AMOUNT PAID:</b>
_____
<b>FOP:</b>

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"/>

### ADVANCED LEVEL CHECKLIST

REQUIRED TRAINING ELEMENTS	DATE COMPLETED
READY Advancement Level <b>(Receipt of application verified by national office)</b>	
SAFETY Advancement Level <b>(Receipt of application verified by national office)</b>	
TRAINED Advancement Level <b>(Receipt of application verified by national office)</b>	
Attended WCO <b>(Verified by national office)</b>	
Attended continuous training event OR action camp #1 <b>(Verified by district)</b> Course or Camp Name: _____	
Attended continuous training event OR action camp #2 <b>(Verified by district)</b> Course or Camp Name: _____	

REQUIRED PRACTICAL APPLICATIONS <b>(Honor system not verified by district)</b>	DATE COMPLETED
Personally presented the Gospel to at least one boy. (Previous presentations may NOT be included.)	
Got a new adult involved in Royal Rangers leadership or service	

**(PLEASE NOTE: This application MUST be signed by the District Director OR the District Training Coordinator. Any items left blank will result in a delay in processing.)**

By signing, I confirm that the applicant has completed the required training elements as specified above and has submitted READY, SAFETY, & TRAINED OLAL applications previously or concurrently with this application.

_____	_____	_____
<b>Signature</b>	<b>Title (DD or DTC)</b>	<b>Date</b>

Processing fee: (Includes 2 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 up to 4 weeks for processing.**

(FOR CREDIT/DEBIT CARD PAYMENT ONLY)	
<b>CARD NUMBER:</b> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<b>EXP. DATE:</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" 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**

