FCF WILDERNESS APPLICATION
NATIONAL ROYAL RANGERS OFFICE

Please type or print. All information must be supplied, or this application will be returned. Allow at least 4 weeks for the national office to process. Delivery of specified items cannot be guaranteed by date specified. **Submit this form, once completed, directly to the national office for processing.**

Royal Rangers Ministries
1445 N. Boonville Ave.
Springfield, MO 65802-1894

FAX: 417-831-8230
Email: rrawards@ag.org

See pricing options below.

1. **Name and address of Wilderness member.**

District _____ Outpost # _____ Chapter _____
Name _____ Phone _____
Address _____
City _____ State _____ Zip _____

2. **Personal GPH Information**. *(You may charge these items to your personal GPH account.)*

GPH Account # _____

3. **District Approval.** *(Must be signed by district director or FCF president.)*

District Rep _____ Date _____
Signature of district representative

Select the items you wish to order.	☐	**Wilderness Patch**	**$1.49**	☐	**Wilderness Pin**	**$8.20**

PATHFINDER APPLICATION
NATIONAL ROYAL RANGERS OFFICE

1. **Name and address of Pathfinder participant.**

District _____ Outpost # _____
Name _____ Phone _____
Address _____
City _____ State _____ Zip _____

2. **Personal GPH Information**. *(You may charge these items to your personal GPH account.)*

GPH Account # _____

3. **Pathfinder President's Approval.**

Pathfinder President: _____ Date: _____
Signature of Pathfinder President

Select the items you wish to order.	☐	**Pathfinder Pin**	**$8.95**	☐	**Bronze Pin**	**$2.95**	☐	**Silver Pin**	**$2.95**	☐	**Gold Pin**	**$2.95**

Please note there will be a $3 shipping/handling charge on all orders.

(FOR CREDIT/DEBIT CARD PAYMENT ONLY)

CARD NUMBER: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **EXP. DATE:** ☐☐/☐☐

_____
CARDHOLDER'S NAME AS IT APPEARS ON CARD (PLEASE PRINT)

_____
SIGNATURE OF CARDHOLDER

_____
BILLING ADDRESS (IF DIFFERENT THAN ABOVE)

$_____
AMOUNT

Revised 04/10/12