



Frontiersmen Camping Fellowship

Buckskin Application



Name _____ Birthdate _____
 Address _____ Division _____
 City _____ State _____ Zip Code _____ Email _____
 Home Phone _____ Business Phone _____
 Church _____ Church Phone _____
 Church Address _____ Outpost # _____
 Activities in church other than Royal Rangers _____

Present Royal Rangers Position

- Group Leader
 Outpost Coordinator
 Outpost Committee
 Adventure Ranger
 Pastor
 Asst. Group Leader
 Ass. Outpost Coordinator
 Outpost Chaplain
 Expedition Ranger

Buckskin Requirements

Boys Only

- Choose one:
 - Completed Silver Medal of Achievement SMA# _____
 - Completed Expedition Rangers E2 award Date: _____

Leaders Only

- Date completed the Trained level of OLAL Date: _____
- Name of the boy sponsored into FCF membership: _____

Boys and Leaders

- Be an FCF member in good standing for one year. Date joined FCF: _____
- Earned Company Trapper award in Trappers Brigade. Date: _____
- Date and location of the Frontier Adventure you assisted in: _____
- Are you a member in good standing in your church? Y N
- Are you an active member of your local chartered outpost? Y N
- Complete a Buckskin Challenge.

Upon receipt of this application and fee, your chapters scribe will contact you concerning the date and location of the next Buckskin Challenge.

PASTOR'S ENDORSEMENT/COMMENTS

Does the candidate live his life in a Christ-like manner? Please explain:

Pastor's Signature _____ Date: _____

Phone: _____ Email: _____

OUTPOST COORDINATOR'S ENDORSEMENT/COMMENTS

Outpost Coordinator's Signature _____ Date: _____

Phone: _____ Email: _____

Sponsor's Signature _____ Date: _____

Phone: _____ Email: _____

"Realizing that the goal of the Royal Rangers ministry is to evangelize, equip, and empower the next generation of Christ-like men and life long servant leaders, and that the Frontiersmen Camping Fellowship upholds this area in its fullness, and agreeing to live by the ideals set forth in the above requirement, I hereby submit my application for advancement to Buckskin."

Applicant's Signature: _____ Date: _____

Application Fees: (determined by chapter) _____

\$ 25.00 payable to: (Southern MO District A/G - FCF), with this completed form to:
Mark Jones, 2502 S. 14th St., Ozark, MO 65721, Email: markjonesranger@hotmail.com Phone: 417-343-0463

Chapter Use Only

Date received:	Amount paid:	Date notified of Buckskin Challenge location and date:
----------------	--------------	--

