



**FRONTIERSMEN CAMPING FELLOWSHIP
OFFICER PROCEDURES AND GUIDELINES**



SUBJECT	SECTION
9.0 FORMS	9.7.1 TRAPPERS BRIGADE

Complete both sides of this application and make a copy for your records

INSTRUCTIONS	
1.	Complete all fields on the other side.
2.	Submit the completed application to: Postal Mail: E-mail: Fax:
3.	Prepare a presentation for the Trappers Brigade Authorization Committee concerning the details of your service project(s). Pictures, letters, artifacts, items of interest, things you learned, enjoyed, and experienced should all be shared when you meet with the Committee. Your district FCF Scribe or Company Clerk will inform you of when and where you are to meet with the Trappers Brigade Authorization Committee. <i>Do not</i> submit the supporting documentation with the application, <i>bring</i> it with you to your review.
4.	Those under 18 years of age need supervisor's signature and comments concerning service performed.
5.	If supervised by different individuals for different service projects, obtain signatures of each supervisor in the designated box below.
NOTE: Supervisors are the adult leaders from whom or with whom you performed your service, i.e., Pastors, Commanders, Youth Leaders, Community Leaders, Missionaries, District Officials, Project Coordinators, etc.	

ENDORSEMENTS	
Supervisor's Endorsement or Comment:	_____
Supervisor _____	Supervisor Signature: _____
Title/Position: _____	Date: _____ How long have you known applicant: _____
Supervisor's Endorsement or Comment:	_____
Supervisor _____	Supervisor Signature: _____
Title/Position: _____	Date: _____ How long have you known applicant: _____
Note to Supervisor: Your supervision of this Applicant's service to God, his church or fellowman is greatly appreciated. In determining recognition for this young man, much emphasis will rest upon your comments, please take a moment and express your thoughts concerning this act of service performed by the Applicant (additional letters, pictures, participant comments, etc., will also be appreciatively accepted).	



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OFFICIAL USE ONLY ... DO NOT WRITE IN THIS SPACE	
Action Taken: <input type="checkbox"/> Approved <input type="checkbox"/> Declined	Points earned this application: _____
Date Received: _____	Banked points: _____
Completion Date: _____	Total Points: _____
Date Approved: _____	Less: Points applied to next rank or numeral: _____
Current Rank:	Excess points applied to next year (bank): _____
<input type="checkbox"/> None, first time	New Rank or Numeral:
<input type="checkbox"/> Company Trapper	<input type="checkbox"/> Company Trapper
<input type="checkbox"/> Bourgeois	<input type="checkbox"/> Bourgeois
<input type="checkbox"/> Free Trapper, indicate numeral _____	<input type="checkbox"/> Free Trapper, indicate numeral _____