## TRAIL OF THE SABER APPLICATION NATIONAL ROYAL RANGERS OFFICE



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

Royal Rangers Ministries FAX: 417-831-8230 Email: <a href="mailto:rrawards@ag.org">rrawards@ag.org</a> Springfield, MO 65802-1894

1.	<b>Applicant Information.</b> The Trail of the Saber may be earned by a boy in Expedition Rangers, and all requirements must be completed before the applicant's 18 <sup>th</sup> birthday.											
	Distr				Outpost #	outpost # Date of Cere						
	Name					Date of Birth Grade in School:						
	Addr City	ess:				State	_ Grade in Sch	ooi: Zip				
	City											
2.	Churc	h Informatio	on. (Note: The	items will be c	harged to the c	hurch account o	r a credit card.)					
	Chur	ch GPH Acco	ount #			Church PO#	rch)					
		ch Name				Phone N	fumber (	)				
	Chur	ch Address	_			City, Sta	te Zıp					
3.	Outpo	st Coordinat	or's Approva	ıl								
				amed applicant commend this a			e Trail of the Saber	as stated in the	Expedition			
	Outp	ost Coordinat	or's Signature	·								
4.	Outpost Coordinator's Address(The award package chosen below will be mailed to this address, unless otherwise requested)											
	Name					Daytime Phone ( )						
	Addr	ess										
	City,	State Zip			Email							
5.	Pastor	al Endorsem	ent									
							consistent with the high biblical ide ess in his family, church, and schoo		oressed in the			
	Pasto	r's Signature					Date					
6.	Amoni	l Daaltaga &	Chinning On	tions								
0.		_	Shipping Op		Ontion	<b>л</b> П	Intion B	Ontion C				
	Select an award package option (see below): Option A Option B Option C Expedited shipping: (additional \$20.00 charge per app) Yes											
	Exp	edited shippin	ng: (additional	l \$20.00 charge	e per app) 📙	Yes	No					
	Option A		Option B		Ontion C			A La Carte Items	y, add \$6.95 for			
	Орис	on A	<u>Opt</u>	ion <u>b</u>	proc			hipping to total				
		ch, ribbon, e & cover			Neck medallion, certificate & cover		Item	Chartered	Non-Chartered			
		Non-	CI I	Non-		Non-	Ribbon	\$2.12	\$2.35			
Cha	rtered	chartered	Chartered	chartered	Chartered	chartered	Coin	\$5.25	\$6.00			
							Hat pin	\$1.78	\$2.09			
\$	26	\$30	\$12	\$14	\$20	\$24	Neck Medallion Patch	\$13.34 \$1.35	\$15.69 \$1.59			
							Madal	φ1.33 ¢12.24	\$1.37 \$1 <b>5</b> 60			

Please note prices above in options A, B, and C include shipping/processing charges. For replacement pricing, please contact the national office at <a href="mailto:rrawards@ag.org">rrawards@ag.org</a>.

## TRAIL OF THE SABER REQUIREMENTS

Tra	il of th	he Saber Ap	plicant's l	Name: _					
Γrai	l of the	Saber Requiren	nents						
ıppl	icant's 1	8th birthday. The	e requirement	y a boy in Exp as appear in the a ae requirements a	Expedition Ran	gers Handbook, the	ents must Royal Rai	be completedbefore ngers Leader Manua	the <i>l</i> or
a.	Check o	each box below	to verify that	t all Trail of the	Saber require	ments have been fu	lfilled.		
		all 72 leadership arsh or on TRaCo		These can be for	und in the book	A Guys Journey to	Servant Le	adership by Doug	
	Read	Next Generation	n Leader by A	Andy Stanley.					
	■ Ве а	at least 14 years	of age and a g	graduate of the 9th	<sup>h</sup> grade.				
		which merits a			completed wit	h dates completed (	(mm/dd/yy	<i>i</i> ).	
	Red	Date	Gold	Date	Sky Blue	Date			
_	101	Completed	201	Completed	301	Completed			
5	102		202		302				
	103		203		303				
	104		204		304				
4	105 106		205		305				
tte		aff four (4) distr	rict camps:		Date Comple	ted			
<u> </u>									
╬									
=									
. C	omplete omplete ompletin Recognize	2 additional *Ac g Junior Acaden ed Action Camp by	ction Camps. ny (JA) will c y National Roya	and Advanced Ju ount as 1 *Actio al Rangers office (s	n Camp. see website for cu	urrent list)	_		
3.	Paymer	nt Options (sele	ect one)	Credit	Card	GPH Account		Cash/Check	
		MDED: T		(For Crei	DIT/DEBIT CARD	PAYMENT ONLY)			
ΑF	KD NU	MBER:				EXP. D	ATE: L		
ARD	HOLDER'	S NAME AS IT APP	EARS ON CARE	(PLEASE PRIN	IT)				
									AMERICAN EXPRESS
IGNA	TURE OF	CARDHOLDER						AMOUNT	MasterCard
		BILLING AD	DRESS (IF DIFF	FERENT THAN ABO	VE)				VISA DISCOVER
_		BILLING TE	LEPHONE NUM	BER (IF DIFFEREN	T THAN ABOVE)				MITWORK