

# Trail of Churches Application

**(Please Print)**

Scout Unit #: \_\_\_\_\_ Parish: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_      Work Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

School Name: \_\_\_\_\_      Grade: \_\_\_\_      Age: \_\_\_\_

**(Please Print)**

## Scout Leader Information (if in a scout unit)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_      Work Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

## Candidate's Certification

On my honor, I certify that I have successfully completed all the requirements for this program.

Scouts signature: \_\_\_\_\_      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Parent or Leader Certification

I hereby certify that the above named has successfully completed all the work required for this program.

Parent's signature: \_\_\_\_\_      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Return this application along with \$5 to:

Make checks payable to 'Diocese of Nashville'

**Catholic Committee on Scouting**  
**Attn: Katie Kendall**  
**P.O. Box 132**  
**Pegram, TN 37143-0132**