Advisor. Lead Advisors will enter this information into the Philmont Roster & Arrival Information Gateway website. If you have questions, please contact your Reservation Contact (Contingent Advisor). **Title** (optional): $\square Mr$. $\square Ms$. $\square Mrs$. $\square Dr$. □Sergeant □Captain □General *First Name Nickname (optional) *MI *Last Name *Height (inches) *Weight (pounds) *Grade Complete (youth) *Gender*Date of Birth (mm-dd-yyyy) ***Ethnicity:** □White □Hispanic □Black \square Asian □American Indian □Pacific Islander □Other *Religious Preference: □Roman Catholic □Jewish □Latter Day Saints □Christian-Protestant □Buddhist □Muslim □Hindu □Other *Address Line 1 Address Line 2 *Zip Code *City *State *Phone Numbers (Adults only) - Include at least two. Home Phone (adults only) Cell Phone (adults only) Work Phone (adults only) *Email Alternate Email (optional) *Crew Position – Choose one: – Adults: □Advisor □Lead Advisor – Youth: □Crew Leader □Wilderness Pledge Guia □Chaplain's Aide □Participant *Scouting Position (Adults Only) – Choose one: □Scoutmaster □Assistant Soutmaster □Venturing Advisor □Venturing Associate Advisor □Skipper □Varsity Scout Coach □Assistant Varsity Coach □Cubmaster □Committee Chair □Committee Member □Professional Scouter □Other Scouter *Scout Rank (Youth only) – Choose one: □Eagle □Life □Star □First Class □Second Class □Tenderfoot □Boy Scout □Summit □Pathfinder □Discovery □Venturing Award □Venturer □Varsity Team *Number of Prior Treks: Certifications - Philmont requires that at least two participants in each crew be currently certified in Wilderness First Aid and two participants be certified in CPR. (If Expedition arrival day occurs during the expiration month listed on your card, Philmont will accept the certification.) *Wilderness First Aid: □I'm not certified □Yes, and my certification *expires (month/year):_ (If substituting Wilderness First Aid, please choose one of the following certifications: \(\substitution \) Wilderness First Responder, □Outdoor Emergency Care, □EMT Basic, □EMT Intermediate, □Paramedic, □Military Corpsman, □Military Medic, □Registered Nurse, □Licensed Nurse Practitioner, □Licensed Physician's Assistant, □Licensed Physician, □Medical Doctor.)

* Denotes a required field

***CPR**: □I'm not certified □Yes, my certification *expires (month/year):_

Philmont Participant Information Worksheet – Please return this completed form to your Lead