



Minnesota Law Enforcement Explorer Association

State Conference Registration

(Please Print or Type)

Explorer Post and Number: _____

Contact Person: _____

Phone Number (Day): _____ (Evening): _____

Phone Number (Cell): _____

Email Address (Required): _____

Please group your explorers, with four in a room, and all in that room the same sex.

Room	1	Circle One Sex	Please Type or Print Legibly Explorer Name	Room	1	Circle One Sex	Please Type or Print Legibly Explorer Name
A	1	M / F		D	1	M / F	
A	2	M / F		D	2	M / F	
A	3	M / F		D	3	M / F	
A	4	M / F		D	4	M / F	
B	1	M / F		E	1	M / F	
B	2	M / F		E	2	M / F	
B	3	M / F		E	3	M / F	
B	4	M / F		E	4	M / F	
C	1	M / F		F	1	M / F	
C	2	M / F		F	2	M / F	
C	3	M / F		F	3	M / F	
C	4	M / F		F	4	M / F	

1	Circle One Sex	Please Type or Print Legibly Advisor Name	Cell Phone (Required)	Email Address (Required)
1	M / F			
2	M / F			
3	M / F			
4	M / F			
5	M / F			
6	M / F			

Special Requests: _____

Number of Vehicles: _____ Type of Vehicles/Trailers: _____