

National Royal Rangers Ministries PCCNA Charter Application

(Please Type or Print Legibly)

| |
|---------------------------------|
| National Office Use ONLY |
| Date: _____ |
| Date: _____ |

Region: _____ District: _____ Section: _____
GPH Account #: _____ (Required for identification) Outpost #: _____
Church: _____
Church Mailing Address: _____
City: _____ State: _____ Zip: _____
Church Phone: (_____) Church Fax: (_____)
Senior Pastor: _____

Church Representative, please read. The national Royal Rangers office strongly recommends that every outpost review and implement the recommendation for screening and supervision of leaders contained in the *Royal Rangers Leader Manual*.
Signing below, I acknowledge: (1) I have read and understood the disclaimer above; (2) I am authorized by my church to charter; and (3) Church leadership is aware I am chartering my local outpost on its behalf.

Signed: _____ (Church Representative) Date: _____

Please Print Name: _____ Address: _____

City: _____ State: _____ Zip: _____

INDICATE THE NUMBER OF BOYS AND LEADERS TO BE CHARTERED

| | |
|---|----------------|
| RANGER KIDS (Grades K – 2) | LEADERS |
| DISCOVERY RANGERS (Grades 3 – 5) | |
| ADVENTURE RANGERS (Grades 6 – 8) | |
| EXPEDITION RANGERS (Grades 9 – 12) | |

INSTRUCTIONS

1. A national/district registration amount of \$13.00 for each leader (including all outpost committee members and leaders) must accompany this application. This includes \$3.00 charged by the district. For further details, contact your district director.*
2. A national/district registration amount of \$11.00 for each boy must accompany this application. This includes \$3.00 charged by the district. For further details, contact your district director.*

We are registering _____ leaders at \$13.00 each = \$ _____

We are registering _____ boys at \$11.00 each = \$ _____

Manual Processing Amount **\$15.00** (charged to outpost that does not charter online)

Total amount enclosed \$ _____

Make your check payable to: National Royal Rangers Ministries

Mail your check to:
National Royal Rangers Ministries
1445 N. Boonville Ave
Springfield, MO 65802

QUESTIONS: Contact chartering coordinator
Phone: 417-862-2781 x.4177
Email: rangers@ag.org
Website: royalrangers.ag.org

*For a complete list of all your charter benefits, please visit our website at royalrangers.ag.org.

These standards set forth by the BOA September 2004 – General Council Assemblies of God

1. The national RR office is the PCCNA (Pentecostal Charismatic Churches of North America) chartering steward.
2. A/G districts are encouraged to allow PCCNA churches participation in district and section activities/training.

Process for Chartering PCCNA Churches

1. Criteria for PCCNA churches.
 - A. The leadership of the applicant, as it relates to Royal Rangers, shall maintain an exemplary Christian lifestyle, being evangelistic and Pentecostal.
 - B. The applicant agrees to use unaltered the Royal Rangers program, including its organization structure and its written materials. (Modifications to merit requirements must be requested from the national Royal Rangers office when merits are specifically designed for the A/G churches and may not apply to your denomination/association.)
 - C. Please contact Royal Rangers International office (RRI) at 1644 W. Lloyd St., Ozark, Missouri 65721 or (417) 595-0603 before chartering any overseas churches affiliated with your denomination/association.
2. Once the application is completed, send it and a check to: National Royal Rangers Ministries, 1445 N. Boonville Ave., Springfield, Missouri 65802.

LEADER NAME:

Mailing Address:

City: State: Zip: Phone: ()

Email: Position:

LEADER NAME:

Mailing Address:

City: State: Zip: Phone: ()

Email: Position:

LEADER NAME:

Mailing Address:

City: State: Zip: Phone: ()

Email: Position:

LEADER NAME:

Mailing Address:

City: State: Zip: Phone: ()

Email: Position:

LEADER NAME:

Mailing Address:

City: State: Zip: Phone: ()

Email: Position:

LEADER NAME:

Mailing Address:

City: State: Zip: Phone: ()

Email: Position:

LEADER NAME:

Mailing Address:

City: State: Zip: Phone: ()

Email: Position:

LEADER NAME:

Mailing Address:

City: State: Zip: Phone: ()

Email: Position:

LEADER NAME:

Mailing Address:

City: State: Zip: Phone: ()

Email: Position:

LEADER NAME:

Mailing Address:

City: State: Zip: Phone: ()

Email: Position:

LEADER NAME:

Mailing Address:

City: State: Zip: Phone: ()

Email: Position:

LEADER NAME:

Mailing Address:

City: State: Zip: Phone: ()

Email: Position:

LEADER NAME:

Mailing Address:

City: State: Zip: Phone: ()

Email: Position:

LEADER NAME:

Mailing Address:

City: State: Zip: Phone: ()

Email: Position:

LEADER NAME:

Mailing Address:

City: State: Zip: Phone: ()

Email: Position:

LEADER NAME:

Mailing Address:

City: State: Zip: Phone: ()

Email: Position: