



SoCal Explorer Registration Form

**Please read the Information Packet thoroughly
before filling out the Registration form**

REGISTRATION

Please complete the registration form and email it to Officer Jasmine Lopez at jasmine.lopez@chp.ca.gov with a copy of your payment by **Monday, March 30, 2026**. A liability form is **required** for each Explorer at the time of registration. Please note that **all** attendees must register. If an attendee is not registered, they will not be allowed to participate in the SoCal Team Bonding Day and/or be a spectator during the competition. When your deposit payment and registration forms are received, a confirmation email will be sent.

COST (*Includes: breakfast (Sunday), lunch, snacks, drinks (for both days), swag bag and SoCal Team Bonding valid only Friday, July 17*):

Advisor \$150 each

Explorer \$175 each

A minimum of \$500 deposit is required to secure your spot.

PAYMENT INFORMATION

Final payment must be received by **Monday, March 30, 2026**, via Venmo @EICajon-ExplorerPost (please include your agency name in the comment section if paying from a personal Venmo account) or make check payable to **El Cajon CHP Explorer Post 680** and mail to:

**Border Division Recruitment Unit
Explorer Competition
9330 Farnham Street
San Diego CA, 92123**

Refunds will not be issued after Monday, May 4, 2026

REGISTRATION FORM

Agency Name: _____

Address: _____

Primary Explorer Advisor Name: _____

Email Address: _____

Cell Phone: _____ Work Phone: _____

Total Number of Advisors: _____ X \$150 = \$ _____

Total Number of Explorers: _____ X \$175 = \$ _____

TOTAL \$ _____

Deposit Amount -\$ _____

BALANCE DUE BY 3/30/2026 \$ _____

NO REFUNDS AFTER Monday, May 4th, 2026

CHP-601 USE ONLY

Payments Received:

| | | | | |
|-----------|-----------|--------|-----------------|--------------|
| Check () | Venmo () | CC () | Date Paid _____ | Amount _____ |
| Check () | Venmo () | CC () | Date Paid _____ | Amount _____ |
| Check () | Venmo () | CC () | Date Paid _____ | Amount _____ |

Comments:

LIST OF ATTENDEES

Agency/Area _____

ADVISORS FULL NAME

Advisor Name: _____ Shirt Size: _____

Advisor Name: _____ Shirt Size: _____

Advisor Name: _____ Shirt Size: _____

Advisor Name: _____ Shirt Size: _____

Advisor Name: _____ Shirt Size: _____

EXPLORERS FULL NAME

1. Explorer Name: _____ Shirt Size: _____

2. Explorer Name: _____ Shirt Size: _____

3. Explorer Name: _____ Shirt Size: _____

4. Explorer Name: _____ Shirt Size: _____

5. Explorer Name: _____ Shirt Size: _____

6. Explorer Name: _____ Shirt Size: _____

7. Explorer Name: _____ Shirt Size: _____

8. Explorer Name: _____ Shirt Size: _____

9. Explorer Name: _____ Shirt Size: _____

10. Explorer Name: _____ Shirt Size: _____

11. Explorer Name: _____ Shirt Size: _____

12. Explorer Name: _____ Shirt Size: _____

13. Explorer Name: _____ Shirt Size: _____

14. Explorer Name: _____ Shirt Size: _____

15. Explorer Name: _____ Shirt Size: _____

For additional Advisors or Explorers please use the below space: