



New York Ministry Network Training Academy



Edwin Hazard Training Coordinator

Application for Saber

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Date of Birth: _____ Grade completed at time of application: _____

E-Mail Address: _____

Church: _____ Outpost #: _____

Saber Requirements

The Trail of the Saber may be earned by a boy in Expedition Rangers, and Be at least 14 years of age and a graduate of the 9th grade. All requirements must be completed before the applicant's 18th birthday

1. Check each box below to verify that all NYMN Saber requirements have been fulfilled.

Complete all requirements for the Royal Rangers Trail of the Saber award. Provide a copy of your application or a copy of your award certificate.

Attend and complete the NYMN JA (Junior Academy). [Note: JA may be used for Trial of the Saber Award]

Be at least 14 years of age and a graduate of the 9th grade.

Complete a minimum advancement of Adventure Silver Award provide a copy of the application or a copy of your award certificate.

Must have, and wear proudly, a complete utility uniform (Pin Format) or the Dress khaki uniform (Pin Format).

2. Applications for membership must be submitted 3 months prior to the induction ceremony (Pending completion of JA Camp) to the Commander indicated on the application

As Outpost Coordinator I approve of this candidate, who is in good standing with the outpost church and section, to be consider to receive the NYMN Saber.

Outpost Coordinator Approval

Name: _____ Date: _____

Pastor Approval

Name: _____ Date: _____

Sectional Coordinator Approval

Name: _____ Date: _____



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Saber Inscription

Please print your name as you want it to appear inscribed on your saber:

Please indicate if you have a favorite Bible verse reference that you would like inscribed on your saber, otherwise one will be chosen for you:

Book _____ Chapter _____ Verse(s) _____

Executive Staff Approval

Must be approved by the NYMN RR Director , Training Coordinator and one more member of the Exec Staff (Outreach Coordinator as first choice)

NYMN Director Approval

Name: _____ **Date:** _____

Training Coordinator Approval

Name: _____ **Date:** _____

3rd Executive Staff Approval

Name: _____ **Date:** _____

You will be notified of your acceptance to the New York Ministry Network Saber Corp. within 30 days of receipt of this application. The Saber Committee will convene sometime during this period to review your qualifications. After such time, you may be requested to provide additional information or even appear for a personal interview, if the committee deems necessary. Upon approval to the Saber Corp. an award presentation ceremony will be scheduled to be held at the next Ministry Network event or sooner, if such a calendar event is not within a 90 day period.

Send Application to:

Commander Brian Miller
19 E. Locust Street, Central Islip, NY 11722

Questions: Contact Commander Miller (631) 234 -3756
or [rngnutz@optonline.net](mailto:rngrnutz@optonline.net)