TOBAGO MISSION OF SEVENTH-DAY ADVENTISTS YOUTH MINISTRIES DEPARTMENT



PATHFINDER CLUB REGISTRATION FORM

Name:	Age: D.O.B.:
Male/Female: Contact Number	1: 2:
Address:	
School Attending:	Class:
Church Attending:	which club do you attend:
Which class have you been invested in?	
☐ Friend ☐ Trail Friend ☐ Com	panion 🔲 Frontier Compantion 🔲 Explorer 🔲 Ranger Explorer
Ranger Wilderness Ranger Voya	ger 🔲 Advance Voyager 🔲 Guide 🔲 Advance Ghide
I have a Full Pathfinder Dress Uniform:	○ YES ○ NC
I have a Pathfinder Field Uniform:	○ YES ○ NO
I the	hereby state my desire to be a member of Pathfinder Club. I will attend meetings, hikes,
camping and field trips, out reach activi rules of the club and the Pledge and Lav	ies, and other activities as required. I agree to be guided by the
PATHFINDER'S SIGNATURE	
DATE:	

APPROVAL BY PARENTS/GUARDIANS

of

We have read the requirements for membership in the	ne
Pathfinder Club and hereby clarify that	(child's name) has
reached the age of 10 years or over. We are willing	and desirous that he/she becomes a Pathfinder.
In consideration of the benefits derived from member against the club, the Tobago Mission of Seventh-day Seventh-day Adventists for any accidents that may a Pathfinder Club.	Adventist or the Caribbean Union Conference of
As parents/guardians, we understand that the Pathfi applicant. It includes many opportunities for service	
 Learning how we can assist my child/ward Encouraging my child/ward to take an acti Attending events to which parents are invi Assisting club leaders and by serving as le By purchasing Pathfinder Uniforms and in 	ve part in all activities ted aders if called upon
(Signature of father/guardian)	(Place of Work)
(Signature of father/guaratan)	(Flace of work)
I am a Master Guide YES ONC	
(Signature of mother/guardian)	(Place of Work)
I am Master Guide YES NO	
I have worked with Pathfinders in the past	☐ (CHECK THIS BOX)
I am willing to assist the Pathfinder Club	☐ (CHECK THIS BOX)