



SEVENTH-DAY ADVENTIST CHURCH
WEST-CENTRAL AFRICAN DIVISION

ADVENTURER & PATHFINDER CLUB REGISTRATION FORM

Union: _____

Conference/Mission: _____

Local Church: _____

Church District/Province: _____

Total Church (Baptized) Membership per last Quarter: _____

Total Number of Children in the Local Church (Ages 4-15): _____

Total number of **Adventurers** (ages 4-9) enrolled in 2023: _____

Total number of **Pathfinders** (ages 10-15) enrolled in 2023: _____

Propose **Name of Local Adventurer Club**:

Do you have **Locally Designed Adventurer Club Logo**? Yes, No

(If yes, please attach your theology/philosophy and meanings of the name, colours and symbols of the logo to this form).

Names and Contact of Local Adventurer Club Leaders:

(A) Adventurer Director: _____

WhatsApp Contact: _____

(B) Dup. Adventurer Director: _____

WhatsApp Contact: _____

Propose **Name of Local Pathfinder Club:**

Do you have **Locally Designed Pathfinder Club Logo?** Yes, No

(If yes, please attach your theology/philosophy and meanings of the name, colours and symbols of the logo to this form).

Names and Contact of Local Pathfinder Club Leaders:

(A) Pathfinder Director: _____

WhatsApp Contact: _____

(B) Dup. Pathfinder Director: _____

WhatsApp Contact: _____

Date of Church Board Approval: _____ / _____ / _____

Do you request Club Name & Logo Inauguration?

Yes: Propose Date: _____ / _____ / _____

No: not needed or Inauguration already done

Submitted By:

Name: _____

Contact: _____ Email: _____

Date: _____ / _____ / _____

Conference/Mission Approval:

Date of Approval: _____ / _____ / _____

Date for Inauguration: _____ / _____ / _____

Director/Rep. Signature: _____