Name of Club:				
Sponsoring Church:				
Club Director's Name	e:			
Address:				
			Postcode:	
Phone No: (H)	(W)		(M)	
Email:				
Number joining the f	following classes:			
	Little Lamb			
	Early Bird			
	Busy Bee			
	Sunbeam			
	Builder			
	Helping Hand			
Number of staff invol	lved in the club:			
Number of children from non-SDA families:			_	
Director's Signature:			Date:	
Church Pastor's Signature:			Date:	

Please send this form to: gsc_youth@adventist.org.au