



Name of Club: _____

Sponsoring Church/es: _____

Director's Name: _____

Director's Address: _____

Phone No: (HM) _____ (WK) _____ (Mob) _____

Director's Email: _____

Secretary's Name: _____

Secretary's Email: _____

Number joining the following classes:

Friend _____ Companion _____

Explorer _____ Ranger _____

Voyager _____ Guide _____

Master Guide _____

Pathfinder Leadership Award _____

Pathfinder Specialist Award _____

Way To Go ONLY:

Level 1 _____

Level 2 _____

Level 3 _____

Please tick the Curriculum that your Club is following:

Card System Specialty Way to Go (Activity-based program)

All Staff have 'Working with Children Check' numbers and number is listed with church clerk:

Yes No

All Staff have completed the Adsafe Code of Conduct and Safer Churches Awareness Training:

Yes No

Director's Signature _____ Date: _____

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