AT STICAL REPORT

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Director Name_	Mobile
	Mobile
Email Address _	
District Director	
MEMBERSHIP	Total Male Female
Number of:	Pathfinders
CLASSES	
Number in:	FriendCompanionExplorerRangerVoyagerGuideOrdinary ClassesAdvanced Classes
Which curruculu	um is the club followning? O Way to Go O Speciality O Card System
AWARDS	
	Bronze Silver Gold f Edinburgh
STAFF STATUS	
All Staf	MG PLA PSA Current First Aid er of staff trained to f have Working with Children Check and number is listed with Church Clerk? O YES O NO f have completed Adsafe Code of Conduct and Safer Churches Awareness Training? O YES O NO
INSURANCE POI	LICIES
Indicate	e all policies held O P/finder O Building O Equip't
CLUB STATUS	
Indicate	e in appropriate box O Continue O New O Resumed
Club yearly calendar attached O YES O NO Program for each class attached, for District Director O YES O NO	
Director:	Signature: Date: Date:

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HEINDER

This annual report is to be emailed by 1st week of April Email to: gsc_youth@adventist.org.au