

ADVENTURER CLUB REGISTRATION FORM

PLEASE PRINT - SEND TO YOUTH MINISTRIES DEPARTMENT AS SOON AS POSSIBLE,
BUT NO LATER THAN **NOVEMBER 1ST**
CLUB OF THE YEAR REQUIREMENT

CHURCH: _____ PASTOR: _____

PASTOR'S E-MAIL: _____

MAILING LIST

The Florida Conference Youth Ministries Department will send snail mail only when necessary. In an effort to lessen our mailing expense, we will now be sending out any correspondence via e-mail. If your residence information has changed (moved out of state or changed position) please inform us so we can update our records.

ADVENTURER DIRECTOR:

Name: _____ E-Mail: _____
Address: _____ Cell Phone: _____
City, State, Zip Code: _____ Other Day Time Phone: _____

ASSISTANT DIRECTOR: (if Applies)

Name: _____ E-Mail: _____
Address: _____ Cell Phone: _____
City, State, Zip Code: _____ Other Day Time Phone: _____

MASTER GUIDE DIRECTOR: (If Applies)

Name: _____ E-Mail: _____
Address: _____ Cell Phone: _____
City, State, Zip Code: _____ Other Day Time Phone: _____

SECRETARY: (If Applies)

Name: _____ E-Mail: _____
Address: _____ Cell Phone: _____
City, State, Zip Code: _____ Other Day Time Phone: _____

Florida Conference of SDA
Attn: Youth Ministries Department
351 S. State Road 434
Atlamonte Springs, FL 32714-3824

FAX to: (407) 618-0279
Phone: (407) 644-5000
<http://www.floridaconference.com/youth>

cc: Lisa/Brad Gary at: bradlgary@yahoo.com

FAX: (321) 242-8765

Fillable form online @: <http://www.floridaconference.com/iym/adventurers>, click on *Manuals/Forms*

Area: _____ Zone: _____ Cluster: _____