

# **PATHFINDER CLUB REGISTRATION FORM**

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

**CHURCH:** \_\_\_\_\_ **PASTOR:** \_\_\_\_\_

**PASTOR'S EMAIL:** \_\_\_\_\_

## **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.

### **ADMINISTRATIVE DIRECTOR: (if Applicable)**

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

### **PATHFINDER DIRECTOR:**

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

### **ASSOCIATE DIRECTOR: (if Applicable)**

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

### **MASTER GUIDE DIRECTOR:**

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

### **OTHER: TITLE:** \_\_\_\_\_

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

Florida Conference of Seventh-day Adventist  
Attn: Youth Ministries Dept.  
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Altamonte Springs, FL 32714

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Phone: (407) 644-5000  
[www.floridaconference.com/youth](http://www.floridaconference.com/youth)

Area: \_\_\_\_\_ Zone: \_\_\_\_\_ Cluster: \_\_\_\_\_