

**WEST INDIES UNION  
YOUTH MINISTRIES DEPARTMENT  
ADVENTURER CLUB REGISTRATION FORM**

(To be completed by each club annually for local conference/mission use)

Year \_\_\_\_\_

Name of Church:..... Tel.#:.....

Address of Church:.....

..... E-mail:.....

Name of Club Leader:..... Tel.#:.....

Name of Assistant Leaders:..... Tel.#:..... E-mail.....

Name of Pastor:..... Tel.#:..... E-Mail:.....

Name of First Elder:..... Tel.#:..... E-mail.....

Date of First Club Meeting for the year:.....

Please state the number of the following in your club by placing the correct number in the appropriate columns

<b>Classes/Positions</b>	<b>No. Invested</b>	<b>No. in Training</b>	<b>No. of Officers</b>	<b>Totals</b>
<b>Master Guides</b>				
<b>Helping Hands</b>				
<b>Builders</b>				
<b>Sunbeams</b>				
<b>Busy Bees</b>				
<b>Deputy Directors</b>				
<b>Counselors</b>				
<b>Instructors</b>				
<b>Units</b>				

List the names of two persons who are authorized to transact business with the Conference on behalf of your club:

.....

**List special projects planned for your club this year**

**OFFICIAL USE ONLY**

Date Received:.....

Approved  Yes  No

Registration Number (If approved).....

Comments (If any).....

.....

.....

Signature: ..... Date: .....

(Approving Officer)

**Kindly list the number of invested persons in your club accordingly:**

.....Friend.....Ranger .....Master Guide.....Builder  
.....Companion.....Voyager.....Sunbeam.....Helping Hand  
.....Explorer.....Guide.....Busy Bee

**Kindly list the number of Trainees in the following classes.**

.....Friend.....Ranger .....Master Guide.....Builder  
.....Companion.....Voyager.....Sunbeam.....Helping Hand  
.....Explorer.....Guide.....Busy Bee

Kindly list the number of the following in your club

..... Counsellors.....Assistant Leaders

.....Instructors.....Units

List the names of two persons who are authorized to transact business with the Conference on behalf of your club:

.....

**List special projects planned for your club this year**

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Date Received:.....

Approved YesNo

Registration Number (If approved).....

Comments (If any).....

.....

.....

Signature:.....Date:.....

(Approving Officer)