Pathfinder Registration & Insurance Form

Pathfinder Year 2010-2011

DUE: SEPTEMBER 20

Name of Club _____

Director _____

Mailing Address _____

Town/City _____ State _____ Zip _____

Telephone number (including area code) _____

Director's Email Address _____

List All Pathfinders and Staff. Please indicate Staff members by writing "Staff" in the age column next to name.

Name	Age	Name	Age

_____ Number of Pathfinders & Staff X $6.00 each = $_____

Please note that any Pathfinders and staff who join late in the year still must pay the $6.00 fee. Names may NOT be substituted for another if one member drops out and another joins late.

Please send with payment to:
Southern New England Conference Youth Ministries PO Box 1169 South Lancaster, MA 01561