

# PATHFINDER PASSPORT APPLICATION FORM



Please fill out all details and provide 2 photographs (6 cm x 4.5 cm). We will debit your church account for \$6.00 per passport			
<b>SURNAME:</b>			
<b>FIRST NAME:</b>			
<b>SEX:</b>			
<b>CLUB NAME:</b>			
<b>DIRECTOR'S NAME:</b>			
<b>DIRECTORS CONTACT:</b>			
<b>ADDRESS: (to send passport to)</b>			
<b>STAMPS TO INCLUDE: (e.g. Rally Day, Fair Day, Camporee)</b>			
<p><b>Club Staff Member to fill this out:</b></p> <p>I hereby declare that _____ (full name of applicant) is a member of the _____ Pathfinder Club and the accompanying photograph is that of the Applicant.</p>			
<b>NAME OF STAFF MEMBER:</b>		<b>SIGNATURE OF STAFF MEMBER:</b>	
<b>DATE:</b>			

Department: Adventist Youth	Description: Form
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