

Southern New England Conference of Seventh-day Adventists

Adventist Youth Ministries Department

Master Guide Class Registration 2015

Section I	Master Guide Class - _____	Personal Information
Name:		
Date of Birth:		e-mail:
Address		
Street and Apt #:		City & State:
		Zip Code:
Telephone		
Home:		Work:
		Mobile:
Best time to reach you:		Occupation:
Church Membership:		
Emergency Contact		
Name:		Relationship:
		Tel:
What classes have you completed? (circle all that apply)		
Adventurer Classes:		
Little Lambs	Eager Beaver	Busy Bee
Sunbeam	Builder	Helping Hand
Pathfinder Classes:		
Friend	Companion	Explorer
Ranger	Voyager	Guide
Section II		Current Club Affiliation
Club Name:		Position:
		Director's Name:
What classes are you currently teaching? (circle all that apply)		
Adventurer Classes:		
Little Lambs	Eager Beaver	Busy Bee
Sunbeam	Builder	Helping Hand
Pathfinder Classes:		
Friend	Companion	Explorer
Ranger	Voyager	Guide
Section III		Health
Please list any food/allergies below:		
Please list any health issues that may impact your performance in the Master Guide program:		
Section IV		Survey
(1) Please list your hobbies below:		
Please answer the following questions. If you need more space you may complete your answer on the back of this registration form		
(2) Why do you want to do the Master Guide course ?		
(3) What do you expect to achieve at the end of the course ?		
Section V		Signature
Signature:		Date: