

D A K O T A C O N F E R E N C E P A T H F I N D E R S

2023-2024 (Due November 1, 2023) (FORM B)

Sponsoring Church _____

Pastor _____

Club Director _____

Submit this application (Form B) & turn-in registration fees by **NOVEMBER 1, 2023.**
 pathfinders@dakotasda.org or
 7100 N. Washington St.,
 Bismarck, ND 58503

In order for a Pathfinder Club to be covered under the insurance of the church, it must be properly registered as an official part of the church program. This is done through conference certification which includes submitting this Pathfinder Conference Certification form along with the proper registration fees per Pathfinder. The \$4.00 registration fee per Pathfinder helps insure club members.

Number of Staff: _____ x \$4.00 = _____

Number of Friends: _____ x \$4.00 = _____

Number of Companions: _____ x \$4.00 = _____

Number of Explorers: _____ x \$4.00 = _____

Number of Rangers: _____ x \$4.00 = _____

Number of Voyagers: _____ x \$4.00 = _____

Number of Guides: _____ x \$4.00 = _____

Total _____ **Total \$*** _____

*Make check payable to "Dakota Conference" & put "Pathfinder Insurance" in the memo line

Club Staff and Leadership

First & Last Name of Staff	Position	Years of Service	Highest AY Class Completed
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____

Friends Counselor: _____

First and Last Name	DOB	M/F	In SDA School Y/N
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Companion Counselor: _____

First and Last Name	DOB	M/F	In SDA School Y/N
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Explorer Counselor: _____

First and Last Name	DOB	M/F	In SDA School Y/N
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Ranger Counselor: _____

First and Last Name	DOB	M/F	In SDA School Y/N
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Voyager Counselor: _____

First and Last Name	DOB	M/F	In SDA School Y/N
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Guide Counselor: _____

First and Last Name	DOB	M/F	In SDA School Y/N
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____