



**SOUTH CENTRAL CONFERENCE
YOUTH MINISTRIES DEPARTMENT**
Master Guide Program Registration

Name: _____

Church: _____

Area: _____

Area Studying In: _____

Email: _____

Cell#: _____

Master Guide Study Track: Pathfinder Adventurer Senior Youth Leadership

COMPLETED CLASSWORK:

- | | | | |
|------------------------------------|--|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Sunbeam | <input type="checkbox"/> Busy Bee | <input type="checkbox"/> Builder | <input type="checkbox"/> Helping Hand |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Trail Friend | | |
| <input type="checkbox"/> Companion | <input type="checkbox"/> Trail Companion | | |
| <input type="checkbox"/> Explorer | <input type="checkbox"/> Wilderness Explorer | | |
| <input type="checkbox"/> Ranger | <input type="checkbox"/> Wilderness Ranger | | |
| <input type="checkbox"/> Voyager | <input type="checkbox"/> Frontier Voyager | | |
| <input type="checkbox"/> Guide | <input type="checkbox"/> Frontier Guide | | |

I hereby request admission into the South Central Conference Master Guide Program

Signature

Date



ENDORSEMENTS:

I acknowledge the admission of the above named individual as a Master Guide candidate/trainee within the South Central Conference Master Guide Program.

Club Director: _____
Signature Date

Church Clerk: _____
Signature Date

Area Coordinator: _____
Signature Date

Office Use Only

Date of Admittance: _____ Candidate Registration No. _____

Conference Registration Fees: [] Workbook (\$15.00) [] Training Camp (\$50.00)
[] pin (\$10.00). *This total does not include other fees assessed by the Area Class.