

RMC PATHFINDERS
CLUB REGISTRATION FORM

Due October 10th

JUNIOR PATHFINDERS

Full Club Name: _____

Director's Name: _____

Junior Pathfinders only! Not Teens or TLTs!

1. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____

2. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____

3. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____

4. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____

5. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____

6. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____

7. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____

8. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____

Mail to: Rocky Mountain Conference
Pathfinder Department
2520 S. Downing St.
Denver, CO 80210

Fax to: 303-733-1843
On-line to: www.rmcyouth.org
Departments/Pathfinders

JUNIOR PATHFINDERS cont. DATE: _____ CLUB NAME: _____

9. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____

10. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____

11. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____

12. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____

13. Name: _____ Birthday: _____
Street address: _____ Home #: _____
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14. Name: _____ Birthday: _____
Street address: _____ Home #: _____
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15. Name: _____ Birthday: _____
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16. Name: _____ Birthday: _____
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17. Name: _____ Birthday: _____
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18. Name: _____ Birthday: _____
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19. Name: _____ Birthday: _____
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JUNIOR PATHFINDERS cont DATE: _____ CLUB NAME: _____

20. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____

21. Name: _____ Birthday: _____
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City: _____ State: _____ Zip: _____

22. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____

23. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____

24. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____

25. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____

26. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____

27. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____

28. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____

29. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____

30. Name: _____ Birthday: _____
Street address: _____ Home #: _____
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