

**RMC PATHFINDERS
CLUB REGISTRATION FORM**

Due October 10th

TEENS

Full Club Name: _____

Director's Name: _____

Teens only! Not Junior Pathfinders or TLTs!

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

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

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

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

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

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

**Mail to: Rocky Mountain Conference
Pathfinder Department
2520 S. Downing St.
Denver, CO 8021**

Fax to: 303-733-1843

TEENS

DATE: _____

CLUB NAME: _____

7. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____
e-mail _____
8. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____
e-mail _____
9. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____
e-mail _____
10. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____
e-mail _____
11. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____
e-mail _____
12. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____
e-mail _____
13. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____
e-mail _____
14. Name: _____ Birthday: _____
Street address: _____ Home #: _____
City: _____ State: _____ Zip: _____
e-mail _____

Mail to: Rocky Mountain Conference Fax to: 303-733-1843
Pathfinder Department
2520 S. Downing St.
Denver, CO 80210

**RMC PATHFINDERS
CLUB REGISTRATION FORM**

Due October 10th

TLTs

Full Club Name: _____

Director's Name: _____

TLTs only! Not Junior Pathfinders or Teens!

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

I am willing to help with Fair, Camporee and other events as needed: Yes _____

e-mail: _____

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

I am willing to help with Fair, Camporee and other events as needed: Yes _____

e-mail: _____

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

I am willing to help with Fair, Camporee and other events as needed: Yes _____

e-mail: _____

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

I am willing to help with Fair, Camporee and other events as needed: Yes _____

e-mail: _____

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

I am willing to help with Fair, Camporee and other events as needed: Yes _____

email: _____

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2520 S. Downing St.
Denver, CO 80210**

Fax to: 303-733-1843

TLTs cont DATE: _____ CLUB NAME: _____

6. Name: _____ Birthday: _____

Street address: _____ Home #: _____

City: _____ State: _____ Zip: _____

I am willing to help with Fair, Camporee and other events as needed: Yes _____

e-mail: _____

7. Name: _____ Birthday: _____

Street address: _____ Home #: _____

City: _____ State: _____ Zip: _____

I am willing to help with Fair, Camporee and other events as needed: Yes _____

e-mail: _____

8. Name: _____ Birthday: _____

Street address: _____ Home #: _____

City: _____ State: _____ Zip: _____

I am willing to help with Fair, Camporee and other events as needed: Yes _____

e-mail: _____

9. Name: _____ Birthday: _____

Street address: _____ Home #: _____

City: _____ State: _____ Zip: _____

I am willing to help with Fair, Camporee and other events as needed: Yes _____

e-mail: _____

10. Name: _____ Birthday: _____

Street address: _____ Home #: _____

City: _____ State: _____ Zip: _____

I am willing to help with Fair, Camporee and other events as needed: Yes _____

e-mail: _____

11. Name: _____ Birthday: _____

Street address: _____ Home #: _____

City: _____ State: _____ Zip: _____

I am willing to help with Fair, Camporee and other events as needed: Yes _____

e-mail: _____

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