

PATHFINDER CLUB REPORT & INSURANCE FORM

CLUB CONTACT DETAILS

Club Name: _____ District Directors Name: _____

Directors Name: _____ Address: _____

Town: _____ Post Code: _____

Phone HM: _____ Phone WK: _____ Phone Mob: _____

Email: _____ Fax: _____

Secretaries Name: _____ Address: _____

Town: _____ Post Code: _____

Phone HM: _____ Phone WK: _____ Phone Mob: _____

Email: _____ Fax: _____

CLUB INFORMATION

	No. M	No. F
Pathfinders SDA		
Pathfinders Non-SDA		
Counselors		
Other Staff		
TOTAL		
TOTAL MEMBERSHIP		

	No.
Level 1	
Level 2	
Level 3	
Master Guide	
Pathfinder Leadership Award	
Advanced PLA	

Which curriculum is your club following: Way to Go Speciality Card System

REPORT SECTION: (JUNE & NOVEMBER ONLY)

Honours/Crafts Completed	Date
1.	
2.	
3.	
4.	
5.	
6.	

Pursuits/Specialities Completed	Date
1.	
2.	
3.	
4.	
5.	
Number to be invested	

ANNUAL SECTION: (NOVEMBER ONLY)

	Y/N	Date
Conference Expedition	Y/N	
Camporee or Fair	Y/N	
Pathfinder Day	Y/N	
Club Evaluation by DD	Y/N	

	(No.)	Y/N	Date
2 Night Campouts	(No.)	Y/N	
1 st PLS attended	(No.)	Y/N	
2 nd PLS attended	(No.)	Y/N	
Outdoor PLS attended	(No.)	Y/N	
Investiture Held			

Signed: _____
Director

Secretary

Date

Dates Submitted:

- 1st End of February with Calendar attached.
- 2nd Before June 30
- 3rd Fortnight prior to Investiture

A copy has been sent to:

- NNSW Youth Ministries
- District Director
- Filed with your club records