

Greater New York Conference of the Seventh-day Adventist Church
Department of Youth Ministries
Pathfinder Investiture Application

Please Type or Print all information clearly.

Club Information

Club Name:	Church:	Year: <small>(Please indicate Year Registered)</small>
Director:	Phone Number:	Pastor:
Email:	* Please note, last date for Investiture is November 19, 2005	

Dates

*Investiture Application Form must be received by the Department of Youth Ministries at least 60 days prior to Investiture Ceremony, if not, your request will be postponed to a later date.

Please enter desired dates and time for Investiture Ceremony	Date #1:	Time:
	Date #2:	Time:

Coordinator

Area Coordinator to Conduct Investiture (please give Name): _____

Friend Class Candidates	Companion Class Candidates
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*Please give full name (for Certificate) and total number of honors per Candidate

Name	Total # of Honors	Name	Total # of Honors
1. Name:	Total # of Honors:	1. Name:	Total # of Honors:
2. Name:	Total # of Honors:	2. Name:	Total # of Honors:
3. Name:	Total # of Honors:	3. Name:	Total # of Honors:
4. Name:	Total # of Honors:	4. Name:	Total # of Honors:
5. Name:	Total # of Honors:	5. Name:	Total # of Honors:
6. Name:	Total # of Honors:	6. Name:	Total # of Honors:
7. Name:	Total # of Honors:	7. Name:	Total # of Honors:
8. Name:	Total # of Honors:	8. Name:	Total # of Honors:
9. Name:	Total # of Honors:	9. Name:	Total # of Honors:
10. Name:	Total # of Honors:	10. Name:	Total # of Honors:

Explorer Class Candidates	Voyager Class Candidates
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*Please give full name (for Certificate) and total number of honors per Candidate

Name	Total # of Honors	Name	Total # of Honors
1. Name:	Total # of Honors:	1. Name:	Total # of Honors:
2. Name:	Total # of Honors:	2. Name:	Total # of Honors:
3. Name:	Total # of Honors:	3. Name:	Total # of Honors:
4. Name:	Total # of Honors:	4. Name:	Total # of Honors:
5. Name:	Total # of Honors:	5. Name:	Total # of Honors:
6. Name:	Total # of Honors:	6. Name:	Total # of Honors:
7. Name:	Total # of Honors:	7. Name:	Total # of Honors:
8. Name:	Total # of Honors:	8. Name:	Total # of Honors:
9. Name:	Total # of Honors:	9. Name:	Total # of Honors:
10. Name:	Total # of Honors:	10. Name:	Total # of Honors:

*****OFFICE USE ONLY*****

Date Received:	Comments:
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Ranger Class Candidates	Guide Class Candidates
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*Please give full name (for Certificate) and total number of honors per Candidate			
1. Name:	Total # of Honors:	1. Name:	Total # of Honors:
2. Name:	Total # of Honors:	2. Name:	Total # of Honors:
3. Name:	Total # of Honors:	3. Name:	Total # of Honors:
4. Name:	Total # of Honors:	4. Name:	Total # of Honors:
5. Name:	Total # of Honors:	5. Name:	Total # of Honors:
6. Name:	Total # of Honors:	6. Name:	Total # of Honors:
7. Name:	Total # of Honors:	7. Name:	Total # of Honors:
8. Name:	Total # of Honors:	8. Name:	Total # of Honors:
9. Name:	Total # of Honors:	9. Name:	Total # of Honors:
10. Name:	Total # of Honors:	10. Name:	Total # of Honors:

Honors

*Please specify Honor completed with total number needed.			
Honor:	Total #:	Honor:	Total #:
Honor:	Total #:	Honor:	Total #:
Honor:	Total #:	Honor:	Total #:
Honor:	Total #:	Honor:	Total #:
Honor:	Total #:	Honor:	Total #:
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Honor:	Total #:	Honor:	Total #:
Honor:	Total #:	Honor:	Total #:

Total Number of Honors: _____

Signature

Director's Signature: _____ Date: _____