



# NORTHEASTERN 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 Northeastern Conference Master Guide Program

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### ENDORSEMENTS:

I acknowledge the admission of the above named individual as Master Guide Trainee within the Northeastern 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 (\$10.00)

Training Camp (\$55.00)

Total (\$65.00). \*This total does not include other fees accessed by the Area Class.