ADVENTURER STAFF REGISTRATION FORM

Club_____ Year_____

POSITION	NAME	CONTACT PH	EMAIL	ADDRESS	WWCC NUMBER & EXPIRY	DOB	Staff & Volunteer Pledge Signed Y/N	AdSafe EXPIRY
Leader								
Asst. Leader								
Secretary								
Treasurer								
Chaplain								
Teacher								
Teacher								
Teacher								
Teacher								
Teacher								

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