

ADVENTURER 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:	
Secretary's Name:	Address:	
Town:	Post Code:	
Phone HM:	Phone WK:	Phone Mob:
Email:	Fax:	

CLUB INFORMATION

	No. M	No. F		No.
Adventurers SDA			Little Lambs	
Adventurers Non-SDA			Little Fish	
Teachers			Busy Bees	
Other Staff			Sunbeams	
TOTAL			Builders	
TOTAL MEMBERSHIP			Helping Hands	

REPORT SECTION: (NOVEMBER ONLY)

Classes	No. Completed
Little Lambs	
Little Fish	
Busy Bees	
Sunbeams	
Builders	
Helping Hands	

ANNUAL SECTION: (NOVEMBER ONLY)

	Y/N	Date		Y/N	Date
Adventurer Day			Investiture to be Held		
Club Evaluation by DD					

Signed: _____
Director
Secretary
Date

Dates Submitted:

- 1st End of March with Calendar attached.
- 2nd Fortnight prior to Investiture

Club Status

- New Club
- Continuing
- Resumed

A copy has been sent to:

- NNSW Children, Family & Junior Youth Ministries
- District Director
- Filed with your club records

