



KENTUCKY-TENNESSEE CONFERENCE PATHFINDER

TLT PROGRAM APPLICATION ANNUAL RENEWAL

NAME OF PATHFINDER CLUB: _____

APPLICANT'S NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ HOME PHONE: _____

DATE OF BIRTH: _____ ARE YOU BAPTISED? ___ No ___ Yes

RELIGION: _____ CHURCH: _____

NAME OF SCHOOL NOW ATTENDING: _____

SCHOOL PHONE: _____ GRADE: _____

Check each class for which you have been invested:

- | | | | |
|---------------------------------------|--|----------------------------------|--|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Trail Friend | <input type="checkbox"/> Ranger | <input type="checkbox"/> Wilderness Ranger |
| <input type="checkbox"/> Companion | <input type="checkbox"/> Trail Companion | <input type="checkbox"/> Voyager | <input type="checkbox"/> Frontier Voyager |
| <input type="checkbox"/> Explorer | <input type="checkbox"/> Wilderness Explorer | <input type="checkbox"/> Guide | <input type="checkbox"/> Frontier Guide |
| <input type="checkbox"/> Master Guide | | | |

NUMBER OF YEARS YOU HAVE BEEN IN ANY PATHFINDER CLUB: _____

I have read the requirements for the TLT program and will, to the best of my ability uphold the standards of the Pathfinder Club and the TLT program.

Signed: _____

I certify that the above named applicant is

- an acting Pathfinder counselor
- has met the requirements to become a _____
- is a newly baptized member of the SDA church.
- has the pastor's recommendation for the TLT Program.

Club Director Signed: _____

Date: _____