PATHFINDER 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:

Secretaries Name: Address:

Town: Post Code:

Phone HM: Phone WK: Phone Mob:

Email: Fax:

# Club information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No.M | No.F |  |  | No. |
| Pathfinders SDA |  |  |  | Level 1 |  |
| Pathfinders Non-SDA |  |  |  | Level 2 |  |
| Counselors |  |  |  | Level 3 |  |
| Other Staff |  |  |  | Master Guide |  |
| **TOTAL** |  |  |  | Pathfinder Leadership Award |  |
| **TOTAL MEMBERSHIP** |  |  | Advanced PLA |  |

Which curriculum is your club following: ❒ Way to Go ❒ Specialty ❒ Card System

# Report section: (June & November only)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Honours/Crafts Completed | Date |  | Pursuits/Specialties Completed | Date |
| 1. |  |  | 1. |  |
| 2. |  |  | 2. |  |
| 3. |  |  | 3. |  |
| 4. |  |  | 4. |  |
| 5. |  |  | 5. |  |
| 6. |  |  | **Number to be invested** |  |

# annual section: (november only)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Date |  |  | Date |
| Conference Expedition Y/N |  |  | 2 Night Campouts (No. …….) Y/N |  |
| Camporee or Fair Y/N |  |  | 1st PLS attended (No. …….) Y/N |  |
| Pathfinder Day Y/N |  |  | 2nd PLS attended (No. …….) Y/N |  |
| Club Evaluation by DD Y/N |  |  | Outdoor PLS attended (No. …….) Y/N |  |
|  |  |  | Investiture Held |  |

Signed:

DirectorSecretaryDate

**Dates Submitted:**
❒ 1st End of February with Calendar attached.
❒ 2nd Before June 30
❒ 3rd Fortnight prior to Investiture

**A copy has been sent to:**
❒ NNSW Youth Ministries
❒ District Director
❒ Filed with your club records