

**YOUTH, PATHFINDER & ADVENTURERS**  
**INSURANCE FORM**

NAME OF CLUB..... DISTRICT:.....

DIRECTOR: ..... YEAR.....

NOS.	NAMES	D.O.B	NOS.	NAMES	D.O.B
1.			15.		
2.			16.		
3.			17.		
4.			18.		
5.			19.		
6.			20.		
7.			21.		
8.			22.		
9.			23.		
10.			24.		
11.			25.		
12.			26.		
13.			27.		
14.			28.		

TOTAL NO: ..... AMOUNT: (\$3.50 per member) \$ .....

We have agreed to the payment of the noted amount to the Fiji Mission Treasury as the premium of our local church children's insurance to the Risk Management Service.

SIGNATURE.....  
CLUB DIRECTOR

SIGNATURE:.....  
ELDER/CHURCH PASTOR