

# Kings' Kids

Pathfinder Club

## Registration Packet

Merrimack Valley Seventh Day Adventist Church  
Pathfinder Club

Pathfinders are a worldwide organization of young people sponsored by the Seventh Day Adventist Church, though young people of any religious persuasion, or none at all, are welcome and encouraged to join the organization. Pathfinders is open to individuals age 10-15. Teen Leadership Training is also available for older teens.  
[pathfinders@mvsda.org](mailto:pathfinders@mvsda.org)



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Merrimack Valley Seventh-Day Adventist Church  
408 Broadway Road, Dracut, MA 01826  
978.804.9226

[www.mvsda.org](http://www.mvsda.org)  
[pathfinders@mvsda.org](mailto:pathfinders@mvsda.org)

# Welcome

August 30, 2015

Dear Pathfinder Parent/Guardians,

We are looking forward to an exciting Pathfinder year. We would love to extend a warm welcome to your child and your family to our King's Kids Pathfinder club.

Please take the time to review all the information found in this packet. Below is a list of forms that can be found in this packet. All applicable forms and fees must be completed at time of registration.

**Pathfinder Membership Application**

**Health History form**

**Uniform information sheet**

**Payment form**

**Cell phone/Electronic Device usage form**

**Schedule (may be updated throughout the year)**

This year our staff has joined together to create team leadership. Our goal is to work together to create an exciting and spiritually enriching year for your child and your family as well. We are happy to have your child and your family as part of the Pathfinder Youth Group. Please feel free to contact our staff with any questions or concerns.

We can be reached at [pathfinders@mvsda.org](mailto:pathfinders@mvsda.org).

Opportunities to volunteer throughout this year are available. If you are interested in volunteering your time this year please let us know at registration. If you have a talent, experience, or knowledge in a specific area we may be in need of individuals to teach honors. More information can be provided if you are interested.

May God bless you and your family as we work together for the physical, spiritual and mental growth and development of your child.

Sincerely,

Your Pathfinder Staff



# Schedule

## What, When, and Where

### August

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29	2:00-3:00	Pathfinder Bible Experience Practice
30	9:00-1:00	Registration Mission Impossible II Obstacle Course Field Uniform Haystack Lunch

### September

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3	8:00-9:00pm	Staff Meeting Conference Call
12	2:00-6:00	Pathfinder Meeting -Nature Honor Nature Hike
13	All Day	Cape Cod Canal Bikeway Bike Ride (optional)
24	5:30-6:30	Load Truck for campout
25-27		Fall Area Campout - Camping Skills Honors Otter River State Forest Baldwin, MA

### October

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1	8:00-9:00pm	Staff Meeting Conference Call
3	2:00-4:00	Pathfinder Bible Experience Practice
10	1:00-6:00	Meeting - Adventist Pioneer Field Trip - Field Uniform
24	2:00-3:00 3:00-6:00	Pathfinder Bible Experience Practice Meeting - Spiritual Discovery - Dress Uniform

### November

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5	8:00-9:00pm	Staff Meeting Conference Call
7	2:00-4:00	Pathfinder Bible Experience Practice
14	2:30-5:00 6:00-7:00 7:00-11:00 Overnight	Community Service Call Collecting - Field Uniform Program-Pathfinder Induction Ceremony - Dress Uniform Meeting - Crafts & Games - Field Uniform Sleepover
15	10:00-12:00	Community Service Can Collecting -Field Uniform
21	3:00-5:00 5:00-8:00	Pathfinder Bible Experience Practice Meeting - Making Friends/Community Service - Dress Uniform

### December

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3	8:00-9:00pm	Staff Meeting Conference Call
12	2:00-3:00 3:00-6:00	Pathfinder Bible Experience Practice Meeting - Spiritual Discovery - Dress Uniform
19	3:00-5:00 5:00-8:00	Pathfinder Bible Experience Practice Christmas Party - Field Uniform

### January

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7	8:00-9:00pm	Staff Meeting Conference Call
10	9:00-1:00	Meeting - Health & Safety Honor - Field Uniform
15-17		SNEC Youth Leader's Training Summit
16	2:00-4:00	Pathfinder Bible Experience Practice
23	2:00-3:00 3:00-6:00	Pathfinder Bible Experience Practice Meeting - Personal Growth - Dress Uniform Inspection

### February

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4	8:00-9:00pm	Staff Meeting Conference Call
6	2:00-6:00 7:00-9:00	SNEC Area Bible Experience - Dress Uniform Swimming
13	3:00-5:00 5:00-8:00	Pathfinder Bible Experience Practice Meeting - Fundraiser Preparation - Field Uniform Valentines Fundraiser
14	9:00-5:00	Pathfinder Bible Experience Practice
20	2:00-4:00	Pathfinder Bible Experience Practice
27	3:00-5:00 5:00-8:00	Pathfinder Bible Experience Practice Meeting - Arts & Crafts Honor - Field Uniform

### March

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3	8:00-9:00pm	Staff Meeting Conference Call
5	2:00-6:00	SNEC Conference Bible Experience - Dress Uniform
12	10:00-1:00 1:00-2:00 2:00-3:00 3:00-5:00 5:00-8:00	Pathfinder Sabbath - Dress Uniform Fellowship Dinner Pathfinder Bible Experience Practice Meeting - Dress Uniform Recreation - Sport Park
19	3:00-5:00 5:00-8:00	Pathfinder Bible Experience Practice Meeting - Field Uniform
26	2:00-6:00	AU Pathfinder Bible Experience

### April

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1	7:00-9:00pm	Pathfinder Bible Experience
2	2:00-4:00	Pathfinder Bible Experience
7	8:00-9:00	Staff Meeting Conference Call
9	2:00-3:00 3:00-6:00	Pathfinder Bible Experience Meeting - Community Service/Wish Project - Dress Uniform
15-16		SNEC Division Pathfinder Bible Experience Phoenix, AZ
23	5:00-11:00 overnight	Meeting - Crafts & Games - Field Uniform Sleepover
24	9:00-12:00	Knot Donor

### May

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1	9:00-1:00	Meeting Recreation/Nature - Field Uniform
5	8:00-9:00pm	Staff Meeting
14	10:00-1:00 1:00-2:00	Pathfinder Investiture Sabbath Fellowship Dinner
18-22		AU Camporee, Burlingame RI

### June

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10-12		Pathfinder Campout (optional)
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# Documents

## Required Info

The following items are required for registration please make sure the necessary items are completed in full prior to turning in the packet.

Registration Date: August 30, 2014 9:00am

Pathfinder Name: \_\_\_\_\_ Date: \_\_\_\_\_

- \_\_\_\_\_ Pathfinder Club Membership Application
- \_\_\_\_\_ Medical History/Consent to Treatment & Health Insurance Information.
- \_\_\_\_\_ Pathfinder Club Outing/Trip for August 30, 2015 Event
- \_\_\_\_\_ Cell Phone/Electronic Device Usage
- \_\_\_\_\_ Payment Form with Initial Payment.
- \_\_\_\_\_ Uniform Information and Ordering instructions.

### Payment Method

- |   |  |
|---|--|
| <input type="radio"/> \$125.00 One Time Payment | Due with Registration packet   |
| <input type="radio"/> \$62.50 Two Payments      | 1st Due with Registration<br>2nd Due in January  |
| <input type="radio"/> Nine Payments             | \$25.00 due at Registration<br>Each additional payment of \$12.50 is<br>due at the first meeting of each month |

This fee of \$125.00 is due in full regardless of when you join the club. There are additional costs involved with camporees and some activities. Notice will be sent home regarding these fees. The registration fees and dues cover most of the club activities, field trips, honors, and activities with supplemental funding through the church. We try to keep additional cost to a minimum and have tried to include as much as possible in the payment plan.

Consideration for the sacredness of the Sabbath will be taken into account when discussing fees, business and collecting money. We will appropriate time at the end of our meetings for business related issues when the beginning of our meetings are still within the Sabbath hours.

# PATHFINDER CLUB OUTING/TRIP PERMISSION SLIP

I, \_\_\_\_\_, the parent/legal guardian of  
(Print Parent/Legal Guardian's Full Name)  
\_\_\_\_\_, do hereby give permission for my child  
(Print Child's Full Name)  
to attend Mission Impossible II at MVSDA  
Event Name Event Location  
in Dracut, MA, 8/30/2015.  
Event City or Town Date(s)

My child has permission to travel with the Pathfinder Club trip leaders and drivers selected and approved by my church board, and sponsored by my local Seventh-day Adventist Church.

I understand that my child will be chaperoned by either myself (if I am going), and/or adult leaders and club staff member while on this trip. **I have already completed and given to the club director, my child's Health/Medical Information & Consent Form, which includes a signed consent to medical treatment.**

Additionally, if I am driving children to, or during this event, I have completed and given to the club director my completed and signed Driver's Information Sheet, as well as my Youth Children's Ministry Volunteer Form, (which is due whether or not I am a driver). In the event of an emergency, medical measures will be taken, and every attempt will be made to notify the parent/legal guardian by telephone. If I am not accompanying my own child, I may be reached at the following number.

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

\_\_\_\_\_  
Telephone Number(s)

If I cannot be reached, please call \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Emergency Contact Person

at \_\_\_\_\_

\_\_\_\_\_  
Phone Number(s)

Please be advised that the activities of this club will be recorded using pictures, videos, and brief summaries of participation in events/activities for use in club/conference websites, newsletters, marketing materials, presentations, and social media (including but not limited to: Facebook, YouTube, Twitter, Instagram, etc.)

Parent/Legal Guardian Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

*A photocopy of this form is as valid as the original. This permission will remain in effect until the date of this event has passed, or it is revoked in writing by parent/legal guardian. You must complete one for every pathfinder outing or trip.*

**NOTE: MUST BE ACCOMPANIED WITH THE MEDICAL CONSENT FORM.**

# Cell Phone and Electronic Device Usage

Cell phone use has become quite a distraction during our Pathfinder meetings and activities. Because of this distraction any Pathfinder found to be using one of these devices during a meeting will be asked to give it to a staff member until dismissal at the end of the meeting. If you need to contact your child during a meeting please contact the staff or the church.

Please sign below to confirm that both the Pathfinder and the Parent have read and agree to this policy on cell phones and other electronic devices.

Parents Signature: \_\_\_\_\_

Pathfinder Signature: \_\_\_\_\_

## Receipt of Pathfinder Schedule

I have received a copy of the Pathfinder Schedule for the 2014-2015 year. I understand that there might be changes to the schedule and announcements regarding cancellation or changes in dates will be announced at weekly meetings or via email.

[www.mvsda.org/calendar](http://www.mvsda.org/calendar) will provide additional information regarding the Pathfinder year as well as other important church events. You may also reach us at [pathfinders@mvsda.org](mailto:pathfinders@mvsda.org) if you have any questions.

Date: \_\_\_\_\_ Email address: \_\_\_\_\_



# TEEN LEADERSHIP TRAINING CANDIDATE APPLICATION

Southern New England Conference of Seventh Day Adventists  
34 Sawyer Street; PO BOX 1169 South Lancaster, MA 01561  
Fax: (978) 365-3838 E-mail: [snecyouth7@gmail.com](mailto:snecyouth7@gmail.com)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Citizenship \_\_\_\_\_

Home Church \_\_\_\_\_ Baptized  Yes  No

Name of school now attending \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Class or classes completed:

- Friend  Trail Companion  Ranger  Wilderness Voyager
- Trail Friend  Explorer  Frontier Ranger  Guide
- Companion  Frontier Explorer  Voyager  Wilderness Guide

List your participation in Pathfinder clubs:

CLUB	YEAR	DIRECTOR
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, the undersigned, apply to the \_\_\_\_\_ club leadership for a position in the TLT Program. I understand that my application and future participation are evaluated on my performance in Pathfinding and my adherence to the TLT Pledge as well as the Pathfinder Pledge and Law. I agree to participate in the TLT Program as outlined in the TLT Manual and commit myself to developing my Christian leadership potential to its fullest.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mark the two operational departments selected for the 1st year operational assignment:

- |  |   |   |
|--|---|---|
| <i>Recommend 1st year</i>                    | <i>Recommend 2nd year</i>                 | <i>Recommend 3rd year</i>                 |
| <input type="checkbox"/> Administrative      | <input type="checkbox"/> Outreach         | <input type="checkbox"/> Finance/Clerical |
| <input type="checkbox"/> AY Classwork/Honors | <input type="checkbox"/> Camping/Activity | <input type="checkbox"/> Counseling       |

### Club Official Use Only

Approved  Disapproved Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Club Director Signature \_\_\_\_\_

Date to begin service \_\_\_\_/\_\_\_\_/\_\_\_\_ TLT Director Signature \_\_\_\_\_

### Conference Official Use Only

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_ Conference Director Signature \_\_\_\_\_



## TEEN LEADERSHIP TRAINING - RECOMMENDATIONS

Southern New England Conference of Seventh Day Adventists  
34 Sawyer Street; PO BOX 1169 South Lancaster, MA 01561  
Fax: (978) 365-3838 E-mail: [sneeyouth7@gmail.com](mailto:sneeyouth7@gmail.com)

I, the undersigned, am applying to the \_\_\_\_\_ club leadership for a position in the TLT Program of Pathfindering. I understand that my application and future participation are evaluated on my performance in Pathfindering and my adherence to the TLT Pledge as well as the Pathfinder Pledge and Law. I agree to participate in the TLT Program as outlined in the TLT Manual and commit myself to developing my Christian leadership potential to its fullest.

**Please complete this recommendation form and return it to the following:**

Pathfinder Club Director's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Thank you for your honest evaluation. Please keep me and the Pathfinder program in your prayers.

**TLT Pledge** - *Loving the Lord Jesus, I promise to take an active part in the work of the Teen Leadership Training program, doing what I can to help others and to finish the work of the gospel in all the world.*

TLT Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### RECOMMENDATION ( 1 ) Please answer the following questions.

How do you know the applicant and for how long?

What qualities does the applicant bring to the program?

How does the applicant relate to people?

How does the applicant respond to stress? \_\_\_\_\_

Does the applicant have any potential problems that might hinder his/her participation? \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

**Recommenders Printed Name**

**Recommenders Signature**

**Date**

### RECOMMENDATION ( 2 ) Please answer the following questions.

How do you know the applicant and for how long?

What qualities does the applicant bring to the program?

How does the applicant relate to people?

How does the applicant respond to stress? \_\_\_\_\_

Does the applicant have any potential problems that might hinder his/her participation? \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

**Recommenders Printed Name**

**Recommenders Signature**

**Date**

### RECOMMENDATION ( 3 ) Please answer the following questions.



Name: \_\_\_\_\_

Are there any present health concerns? \_\_\_\_\_

List any allergies: \_\_\_\_\_

Specify current medication(s): \_\_\_\_\_

Date of last tetanus immunization/booster: \_\_\_\_\_ Permission to administer in an emergency? Yes \_\_\_ No \_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

**PARENT/GUARDIAN CONSENT TO TREATMENT:**

We/I the undersigned parents/guardians hereby give my consent for the above named child to participate in the 2015-2016 Pathfinder Club. We/I am aware that my child may require emergency medical treatment as a result of accident or sickness. In the event emergency medical treatment may become necessary for my child, we/I grant permission to \_\_\_\_\_, the Pathfinder Club Director and/or her assistants, authority to obtain such emergency medical assistance. We/I further grant permission for medical personnel to administer emergency medical treatment.

Pathfinder Club Name

We/I also consent to our/my child's being transported of the purposes of Pathfinder Club activities, in private, church owned vehicles or other mode of transportations as may be deemed necessary. We/I understand that said vehicles will be driven by adults 21 years old or above and, the drivers will be approved by the \_\_\_\_\_ Church Board. We/I understand a permission slip will need to be signed at the time of all field trips.

Church Name

We/I also consent to having this child work with club staff members outside the regular club meetings times for special club events, for honors or for class activities arranged by the club staff team.

We/I agree to indemnify and hold harmless the Atlantic Union, the Southern New England Conference of Seventh-day Adventist, the \_\_\_\_\_ church, and the \_\_\_\_\_ Pathfinder club and its leaders and staff from liability arising from any accident or injury occurring during club-sponsored functions now and at any future time. This does not waive coverage within the policy limits of church accident insurance, which covers church sponsored activities.

Church Name

Pathfinder Club Name

This consent shall stay until effect until August 25, 2016 or until revoked in writing and delivered to the above named director or to the club entrusted with custody of said minor.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Date

**MEMBER HEALTH INSURANCE INFORMATION**

The above named pathfinder applicant is \_\_\_\_\_ covered/\_\_\_\_\_ not covered by health insurance.

Present Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insured Parent/Guardian's Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Emergency Contact Name(s): \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ / \_\_\_\_\_

***A photocopy of this form is as valid as the original. You must always have a copy of this form with you in***

# Southern New England Conference Pathfinder Ministries

## Health History for Pathfinder/Staff

### Directions

- 1) Sections 1 & 2 must be completed by parent/guardian of minor or by adult pathfinder/staff 18 years or older.
- 2) **GIVE THIS FORM TO YOUR CLUB DIRECTOR**

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### 1. Personal & Emergency Contact Information

Pathfinder/Staff Name \_\_\_\_\_ Gender M F Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address City State Zip Code

Parent/Guardian Name \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_  
(If different from above) Street Address City State Zip Code

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Second Parent/Guardian Name \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name \_\_\_\_\_ Relationship to Pathfinder: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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### 2. Allergies/Health History/Medical Insurance

**Allergies:**  No known allergies.  This camper/staff is allergic to:  Environment (e.g., insect bites, sun)  Food  Medicine  Other  
*(Please describe below what the pathfinder is allergic to and their typical reaction.)*

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**Health History:** Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the pathfinder/staff:

Ever been hospitalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Had fainting or dizziness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever had surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Passed out/had chest pain during exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have a recurrent/chronic illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Had mononucleosis during the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had a recent infectious disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Traveled outside the U.S. in the past 9 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had a recent injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have problems with falling asleep/sleepwalking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had asthma/wheezing/shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever had back/joint problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have a history of bedwetting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have problems with diarrhea/constipation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had headaches?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have any skin problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have impaired vision?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If female, have problems with menstrual cycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please explain "Yes" answers in the space below**, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

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Does pathfinder/staff have any current physical, medical, or psychological conditions requiring medication, treatment, or special considerations or activity restrictions while at camporee?  Yes  No If yes, please explain below:

Southern New England Conference  
Pathfinder Ministries



**MEDICATION ADMINISTRATION**

**(To be completed by the parent/guardian and kept on file with the Pathfinder Health Record)**

My child is currently taking the following medication:

Name of Medication	Dosage	Frequency	Reason for taking Medication

**CONSENT TO ADMINISTER DRUGS**

I give consent for \_\_\_\_\_ Pathfinder Club to administer the following over the  
Club Name  
counter medications to my child (name) \_\_\_\_\_

- Ibuprofen**
- Acetaminophen**
- Benadryl/ Diphenhydramine**
- Cough Syrup**
- Tums**
- Other** \_\_\_\_\_

Dosages will be administered per pathfinder's weight.

Frequency of medication will be given as needed per product recommendations.

## **Southern New England Conference - Pathfinder Uniform Policy**

A uniform makes an organization real and visible. It becomes emblematic and representative of an ideal and a standard. One of the ways to set a standard and bring the members of an organization up to that standard is through the uniform. Each individual member becomes a very vital representative of the organization. It should stimulate loyalty toward that standard by building morale and binding members into closer fellowship. It also appeals to those not already member to join. The uniform becomes a builder of club spirit.

The uniform is always neat and clean. Because the Pathfinder Club is valuable to each member, that the uniform will be acquired and worn with enthusiasm.

### **Class A Uniforms**

It is recommended that those having uniforms wear them on the following occasions:

1. At Pathfinder meetings, when required
2. At special Programs (Pathfinder Day, Induction, Investiture, and Bible Achievement, etc.)
3. At any public gathering when any or all act as messengers, Ushers, Honor Guards, Color Guards, First – aid details
4. On occasions as specified by Pathfinder Staff officers
5. While engaging in missionary outreach activities, such as Ingathering, distributing food baskets, bouquets, literature, or church announcements; band work, such as Singing Bands and Sunshine Bands.

### **Uniform Should Not Be Worn**

1. If not a member
2. For work or play
3. When engaged in selling for personal profit, in selling for commercial or political purposes, or in personal solicitation
4. At anytime or place when its wearing discounts the organization, or casts any reflection upon the uniform, lowers its dignity and esteem, and makes it common place.

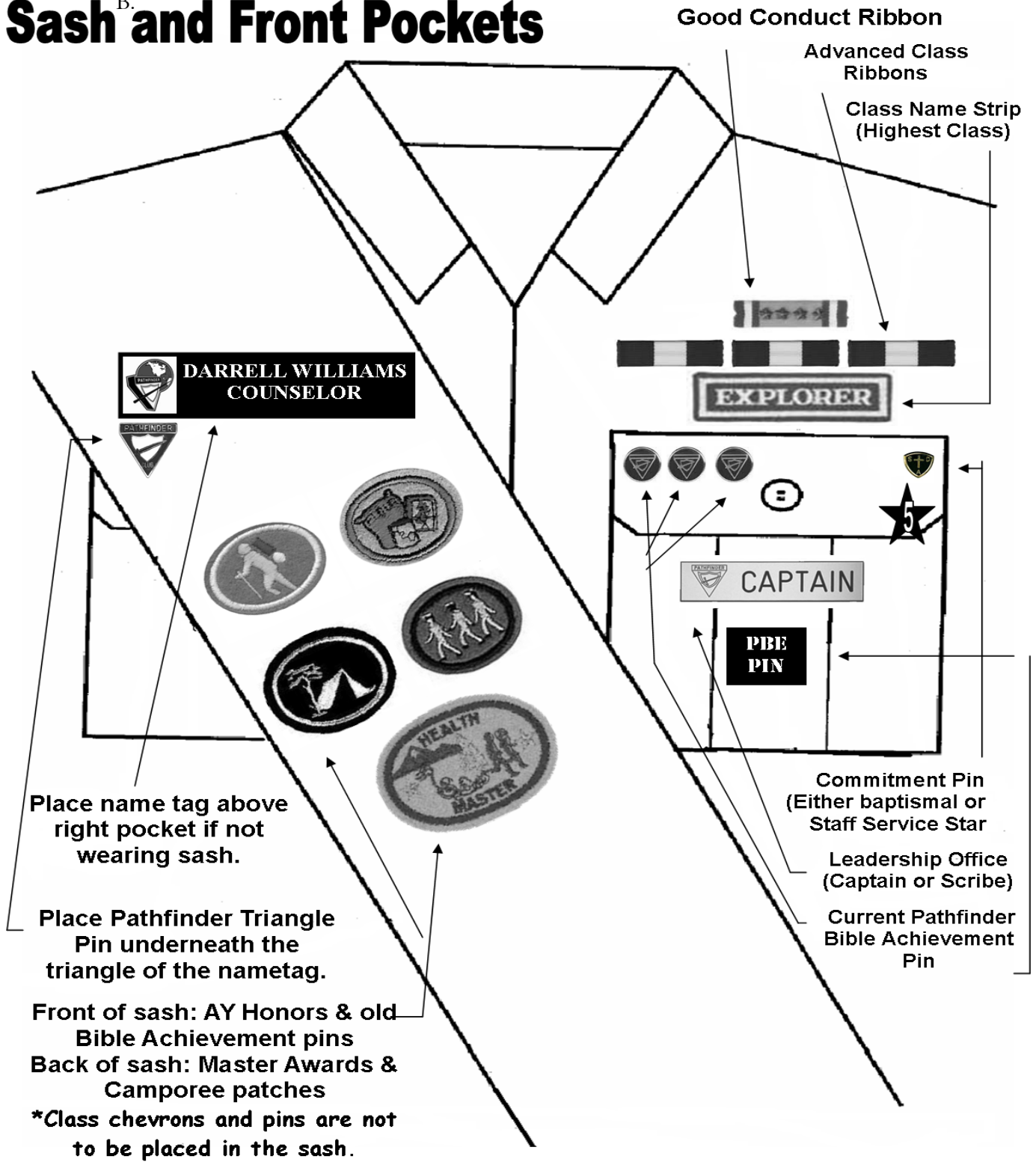
### **Pathfinder Uniforms or Class A Uniform**

Boy's Shirts	Tan long sleeve or short sleeve (uniformity in the club).
Girl's Blouses	Tan long sleeve or short sleeve (uniformity in the club).
Boy's Slacks	Black, straight leg with belt loops
Girl's Skirts	Black, A – Line (modest - skirt 2” below the knee when standing; no side/front slit; back slit must be a folded slit or a kick pleat)
Girl's Slacks	Black, straight leg with belt loops
Belts and Buckles	Black web belts with Pathfinder buckles
Neckwear	Open collar (one button) for both boys and girls. The official Pathfinder scarf is yellow with the Pathfinder world and triangle on it. The official Pathfinder slide is cloth with the Pathfinder logo. (Optional: Black tie for boys/black tuxedo tie for girls; uniformity in the club)
Sash	Black fabric, may be wide enough for three honors and as long as the fingertips on the left hand. Only one sash is to be worn as part of the uniform. Items to be worn on the sash include: name tag/honors/Master Awards/Pathfinder pin on the front and Camporee patches/pins, honors, Master Awards on the back.
Boy's Shoes/Socks	Black shoes and black socks.
Girl's Shoes/Nylons	Black shoes (no heels higher than two inches) Black, off black or nude nylons (uniformity in the club)

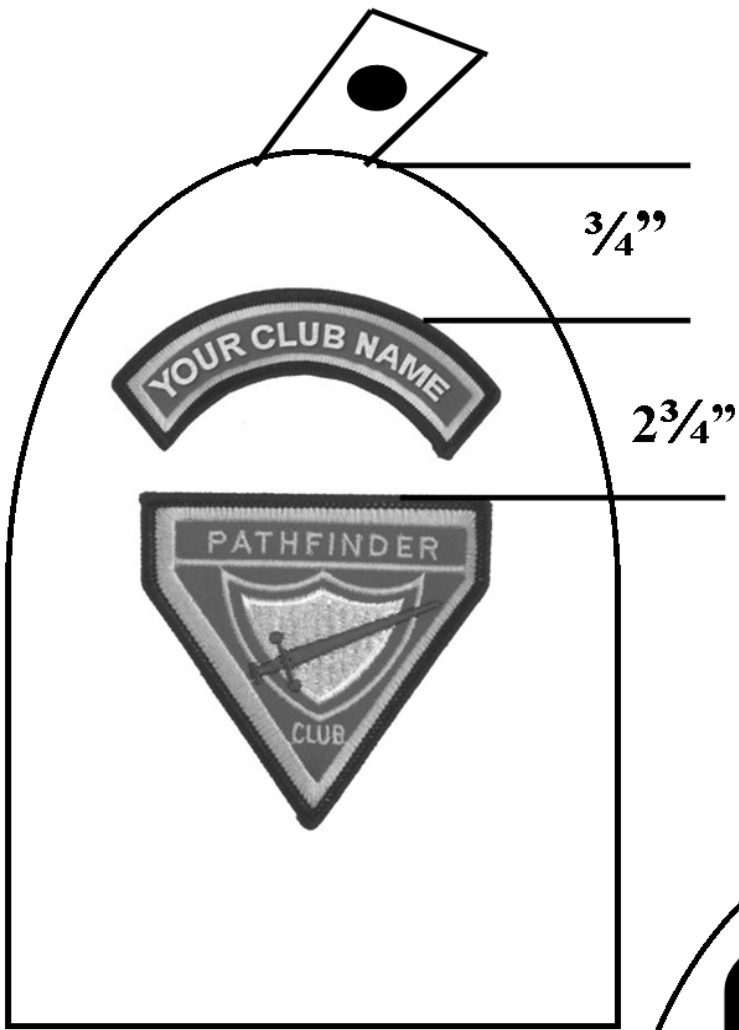
### **Pathfinder Uniforms Insignias**

SNE Conference and Atlantic Union Conference patches are available at your local Adventist Book Center. Investiture awarded insignias and pins are available through Advent Source, 5040 Prescott Avenue Lincoln, NE 68506. Call 800-328-0525 or visit website at [www.adventsource.org](http://www.adventsource.org)

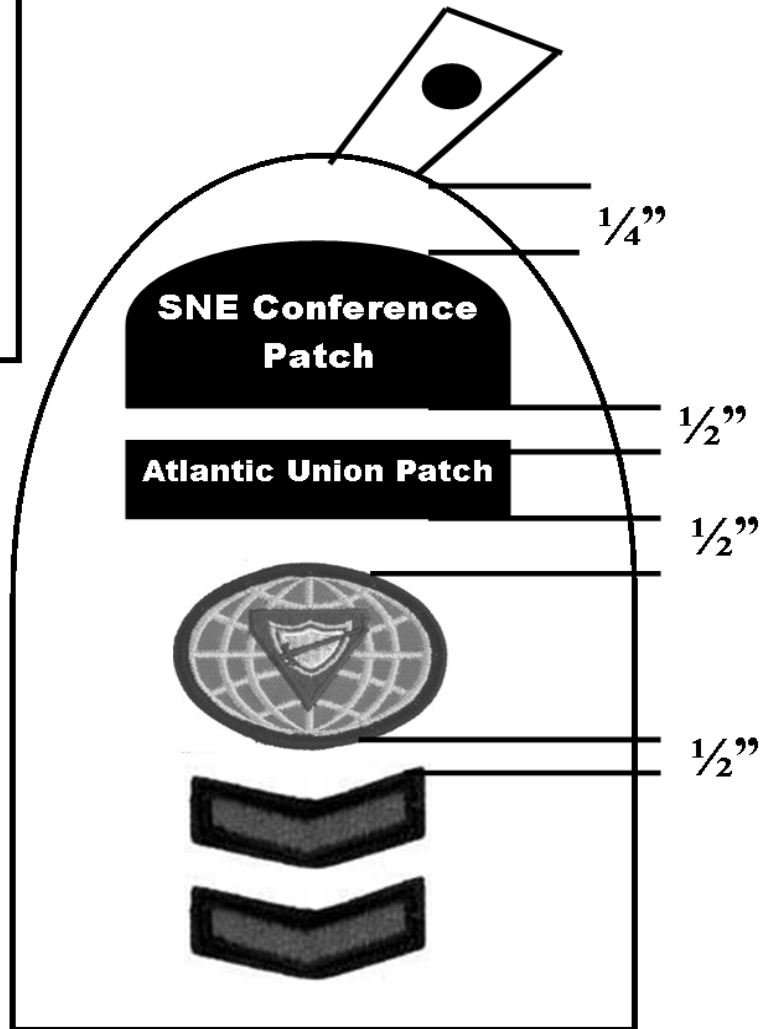
# Sash <sup>B.</sup> and Front Pockets



# Pathfinders



**Right Sleeve**

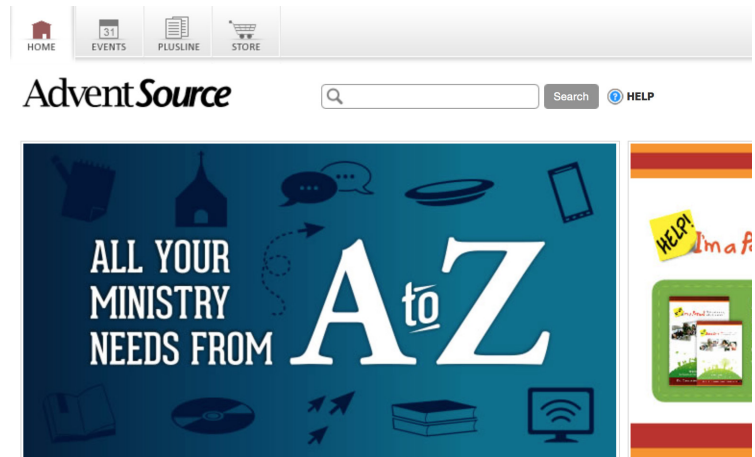


**Left Sleeve**

# Uniform

AdventSource.com

Uniform orders should be made through the AdventSource.com website. Short sleeve shirt with black dress pants are required for both female and male Pathfinders and Staff. Pants may be ordered through the Adventsource website or purchased at local store and must be uniform style trousers. Sweatpants, skinny pants or jeans, shorts or stretch pants will not be approved. Each Pathfinder is responsible for ordering the short sleeve shirt, pants, neckerchief, slide, sash and belt. Patches will be provided by the club and will be given to each Pathfinder at the earliest convenience. Please contact us at [pathfinders@mvsda.org](mailto:pathfinders@mvsda.org) with any questions or concerns.



**Pathfinder Junior Girls' Blouse (Short Sleeve)**  
Style: Apparel

PRICE:   
Status: **In stock**

Type:

- ✓ S 3/5-Bust 37 (#003230) \$19.95
- M 7/9-Bust 39 (#003231) \$20.95
- L 11/13-Bust 42 (#003232) \$21.95
- XL 15-Bust 44 (#003233) \$22.95

**ADD TO CART** +

**Pathfinder Neckerchief**  
Format: Accessory

PRICE:   
Status: **In stock**

Type:

Yellow (#003754) \$5.95

Quantity: 1

**ADD TO CART** +

**Pathfinder Honor Sash**  
Format: Accessory

PRICE:   
Status: **In stock**

Type:

- ✓ Black Small 21.5 (#003736) \$4.95
- Black Medium 24.5 (#003737) \$5.95
- Black Large 28 (#003738) \$6.95
- Black L. Wide 28 (#003739) \$7.95
- Black XL 35 (#003740) \$7.95
- Black XL 3 Wide 35 (#003741) \$8.95

**ADD TO CART** +

**Pathfinder Boy's Short Sleeve Shirt**  
Style: Apparel

PRICE:   
Status: **In stock**

Type:

- ✓ S 8-Chest 32 (#003522) \$17.95
- M 10/12-Chest 35 (#003523) \$18.95
- L 14/16-Chest 38 (#003528) \$19.95
- XL 18/20-Chest 41 (#003518) \$20.95
- 2XL (22/24) Chest 43 (#003519) \$24.95 (Out of stock)

**ADD TO CART** +

**Pathfinder Embroidered Slide (Black)**  
Format: Accessory

PRICE:   
Status: **In stock**

Type:

Cloth Slide (#002193) \$1.95

Quantity: 1

**ADD TO CART** +

**Pathfinder Belt**  
Format: Accessory

PRICE:   
Status: **In stock**

Type:

- ✓ Belt & Buckle 30 (#006585) \$4.95
- Belt & Buckle 40 (#006587) \$5.95
- Belt & Buckle 50 (#006589) \$6.95
- Buckle Only (#006590) \$2.95
- Belt Strap Only 40 (#006594) \$4.95
- Belt Strap Only 50 (#006596) \$5.95
- Belt Strap Only 60 (#006592) \$3.95
- Belt Strap Only 60 (#006597) \$6.95
- Belt Strap Only 70 (#006598) \$7.95
- Belt & Buckle 60 (#006627) \$7.95
- Belt & Buckle 70 (#006629) \$8.95