

UNIT EXCELLENCE AWARD

Unit Name: _____ Date of Application: _____

Instructions: Determine the number of points to which your unit is entitled. Mark those points under the "Points Earned" section. When completed, add all the scores and put in the Grand Total. Give this score sheet to the Club Director.

CATEGORY	DESCRIPTION OF CRITERIA	POINTS POSSIBLE	POINTS EARNED
UNIT FEATURES	Unit has Unit Name and Unit Guidon	100	
	Unit has name only	50	
ATTENDANCE	Minimum attendance at all Unit & Club Activities during the past twelve months	A 100	
		B 50	
UNIFORMS	Minimum number of Unit members having and wearing complete dress uniform at required occasions:	A 100	
		B 50	
HONORS	Each Unit Member has earned the following number of honors during the past twelve months:	A 100	
		B 50	
ADVANCEMENT	Minimum of Unit Members Advanced one class during the past twelve months:	A 100	
		B 50	
PLANNING	General outline of Unit Activities planned for the Pathfinder Year; turned in to the Club Director by Leader's Convention:	A 100	
		B 50	
ACTIVITIES	Unit Activities held during the past twelve months (weekend campouts counts as 2)	A 100	
		B 50	
SHARE YOUR FAITH ACTIVITIES	The Unit planned and participated in Share Your Faith Activities during the past twelve months, not counting Club Share Your Faith:	A 100	
		B 50	
PATHFINDER FAIR	Minimum Unit Attendance at last Fair:	A 100	
		B 50	
CAMPOREE	Minimum Unit Attendance at the last Camporee	A 100	
		B 50	
GRAND TOTAL			

CATEGORY CHART										
Total Members in Unit	1	2	3	4	5	6	7	8		
Category A average	1	2	2	3	4	5	5	6		
Category B average	1	1	1	2	2	3	3	4		

As the Club Director, I, and my staff verify that this unit has participated and has cooperated with this Club. Based upon their reaching the minimum score of 800 points, I ask that they be presented with the Unit Excellence Award.

Club Director's Signature: _____ Date: _____

5-Year & Baptism Certificates and Master Guide Candidates

Club Name: _____

Area: _____

Number of Pathfinders: _____

<p>5-year Pathfinder/Staff Certificate Candidates</p> <p>The following pathfinders have been actively involved in Pathfinders beginning at age 10 or 5th grade for at least five years. <i>(Please make sure to spell their names correctly and legibly.)</i></p>	<p>Baptism Certificate Candidates</p> <p>The following individuals have been baptized since the last Pathfinder Fair. <i>(Please make sure to spell their names correctly and legibly.)</i></p>	<p>Master Guide Candidates</p> <p>The following individuals have completed the Master Guide Requirements since the last Pathfinder Fair. <i>(Please make sure to spell their names correctly and legibly.)</i></p>	

Please email the completed form to aclemencia@mac.com by April 19, 2024

**Washington Conference
Pathfinder Fair
April 28, 2024**

Basic Drill and Marching Entry Form

_____ (Club Name) will have a **basic** drill and marching team at the fair

Drill Master's Name:

First:

Last:

Email:

Phone No:

Fancy Drill and Marching Entry Form

_____ (Club Name) will have a **fancy** drill and marching team at the fair

Drill Master's Name:

First:

Last:

Email:

Phone No:

Please email the completed form to aclemencia@mac.com by April 19, 2024.

TRIP PERMISSION SLIP & MEDICAL CONSENT FORM & PHOTOGRAPHY RELEASE



Parents: Please complete and return as soon as possible.

Child's Name: _____ Age: _____ DOB: _____ M F

Address: _____

Event: _____ Event Location: _____

Event Date(s): _____ Cost: _____ Transportation: _____

Departure: Meetup: _____ am/pm Depart Time: _____ am/pm Location: _____

Arrival: _____ Arrival Time: _____ am/pm Location: _____

Sponsor/Club: _____

Permission to Travel

My child has my permission to go on the aforementioned trip. I understand the arrangements and give permission for my child to attend. I also agree to indemnify and hold harmless the Washington Conference of Seventh-day Adventists, its employees, representatives, agents and sponsors from liability arising from any accident or injuries occurring during this trip, including any injury due to negligence on the part of those mentioned above. This does not include gross negligence on the part of those mentioned above, nor does it waive coverage within the policy limits of church accident insurance, which covers church-sponsored activities. This permission recognizes the shared responsibility amongst the church, student and home.

(Signature of Parent/Guardian) (Date)

Permission to Treat

I hereby give permission to the medical provider selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injections or surgery for my child. A photo copy of this shall be as valid as the original.

(Signature of Parent/Guardian) (Date)

Please check if any of the following apply:

- _____ My child needs medication.
(Parent/guardian is required to furnish medication in the original, properly labeled and correctly authorized container.)
- _____ My child is allergic to insect bites to the extent that he/she needs medical treatment.
- _____ My child is allergic to (medications or other): _____
- _____ My child has special dietary requirements: _____
- _____ My child has other special conditions you should be aware of, listed on the back of this form.

Photography Release

We sometimes photograph campers, and staff for promotional purposes. Your presence at this event grants us permission for our use of these images.

(Signature of Parent/Guardian) (Date)

During the trip, I can be reached at the following number(s):

Mother's Name: _____ Father's Name: _____

Mother's Phone: _____ (home) Father's Phone _____ (home)

Mother's Phone: _____ (cell) Father's Phone _____ (cell)

Emergency Contact: _____ Phone Number: _____

Family Physician: _____ Phone Number: _____

Insurance Name: _____

Insurance Policy Number: _____ Group Number: _____