

TLT Registration Form
Georgia-Cumberland Pathfinders

Pathfinder Name _____ Date _____

Club Name _____

Club Director _____

Pastor _____

Current Academic Grade _____ Age _____ Date of Birth _____ Gender: Male Female

TLT Levels Completed: Level One Level Two Level Three

AY Classes Completed: Ranger Voyager Guide

Email Address _____ Phone No. _____

Mailing Address _____

City _____ State _____ ZIP _____

As the Director of the _____ Pathfinder Club, I hereby certify that I have on file a processed and approved TLT Program Application (Page 21 of TLT Manual) for the above named individual for the 2010-2011 Pathfinder year.

Director's Password _____ Director's Signature _____

Instructions:

Director's Password is required if filing electronically.

Director's Signature is required if filing via mail to the Conference Pathfinder Director.

Conference Office Use Only
Date received _____ Date Forwarded to TLT Coordinator _____