

DAKOTA CONFERENCE ADVENTURERS

2026-2027 (Due November 1, 2026) (FORM B)

Sponsoring Church _____

Pastor _____

Club Director _____

Submit this application (Form B)
& turn in registration fees by
November 1, 2026 to
pathfinders@dakotasda.org or
7100 N. Washington St.
Bismarck, ND 58503

In order for an Adventurer Club to be covered under the insurance of the church, it must be properly registered as an official part of the church program. This is done through conference certification which includes submitting this Adventurer Conference Certification form along with the proper Club registration FORM A

Number of Staff: _____

Number of Friends: _____

Number of Companions: _____

Number of Explorers: _____

Number of Rangers: _____

Number of Voyagers: _____

Number of Guides: _____



Club Staff and Leadership

First & Last Name of Staff	Position	Years of Service	Highest AY Class Completed
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____

Little Lambs Counselor: _____

<i>First and Last Name</i>	<i>DOB</i>	<i>M/F</i>	<i>In SDA School Y/N</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Eager Beaver Counselor: _____

<i>First and Last Name</i>	<i>DOB</i>	<i>M/F</i>	<i>In SDA School Y/N</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Busy Bee Counselor: _____

<i>First and Last Name</i>	<i>DOB</i>	<i>M/F</i>	<i>In SDA School Y/N</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Sunbeam Counselor: _____

<i>First and Last Name</i>	<i>DOB</i>	<i>M/F</i>	<i>In SDA School Y/N</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Builder Counselor: _____

<i>First and Last Name</i>	<i>DOB</i>	<i>M/F</i>	<i>In SDA School Y/N</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Helping Hand Counselor: _____

<i>First and Last Name</i>	<i>DOB</i>	<i>M/F</i>	<i>In SDA School Y/N</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____