Youth Ministries Department Southern California Conference

Master Guide Leader Application

Instructor Registration



* Required Fields

LE	EADER INFORMATION	
*First Name:	*Last Name:	
*Mailing Address:	Suite/Apt.#:	
*City/Town	ZIP/Postal Code:	
*E-mail:	Home Phone:	
*Cell Phone:	Work Phone:	
*Date you were invested as a Master Guide: MM	1:/ DD:/ YYYY:	
•		
MEETING INFORMATION		
MEETING INFORMATION		
*Master Guide Class Meeting Days: Please check all that apply:	*Duration of each meeting: HH: : MM AM / PM	
☐ Sunday ☐ Monday	*Location of each meeting:	
☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday	*Are you following the North American Division Curriculum? *All curriculum materials can be obtained at the SCC Youth Ministries Office. **DYES** NO	
*What uniform is your club wearing? Please describe:		
*Are you charging dues to your members? YES NO		
If you answered yes to the question above, where is the money collected being deposited?		
TE	ACHER INFORMATION	
*List potential teachers, their topic(s) and the church they currently attend. Please use first and last name.		
1. Name:	3. Name	
Topic(s):		
Church:		
3. Name:	4 11	
Topic(s):		
Church:	Church:	

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		MEMBERSHIP INFORMATION
		*Name of members under your leadership and the church they currently attend. *Please use first and last name.
1.	Name:	Church:
2.	Name:	Church:
3.	Name:	Church:
4.	Name:	Church:
5.	Name:	Church:
6.	Name:	Church:
7.	Name:	Church:
8.	Name:	Church:
9.	Name:	Church:
10.	Name:	Church:
11.	Name:	Church:
12.	Name:	Church:
13.	Name:	Church:
14.	Name:	Church:
15.	Name:	Church:
16.	Name:	Church:
17.	Name:	Church:
18.	Name:	Church:
19.	Name:	Church:
20.	Name:	Church:
21.	Name:	Church:
22.	Name:	Church:
23.	Name:	Church:
24.	Name:	Church:
25.	Name:	Church:
26.	Name:	Church:
27.	Name:	Church:

REMINDER

Please send your master Guide Class Schedule to the SCC Youth Ministries Office by Dec 1.