

**CHANTILLY BIBLE CHURCH
PIONEER CLUB REGISTRATION FORM
2009-2010**

PLEASE PRINT CLEARLY

TRAILBLAZERS (Grades 5-6)

Member Name _____

Grade _____ Birth date _____ Age _____

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Address _____

Email Address _____

Church Attending _____

This will be by my _____ year attending Pioneer Girls.

As a Pioneer Club Parent, I agree to volunteer for the following activities; this will include planning the event. _____ **Parent Name**

(Please circle at least one):

Father/daughter event
Christmas Party

Mother/daughter or son event

Plan Service Project

Closing Ceremony

Photographer

Help during Club time on a rotating basis

Fees: \$ 30 Registration, Materials and Activity Fee
 ___ Handbook (\$12)
 ___ Award Sash Display and Pioneer Club Crest (\$11)
 ___ Pioneer Club T-shirt (indicate size below)
 Youth Sizes (\$10.25) Adult Sizes (\$11.25)
 ___ Medium (10-12) ___ Small
 ___ Large (14-16) ___ Medium

Total ___

Office Use Only:

Payment: Cash _____ Check No. _____ Date Rec'd _____

Medical Form Rec'd (Date) _____

**CHANTILLY BIBLE CHURCH
PIONEER CLUB REGISTRATION FORM
2009-2010**

PLEASE PRINT CLEARLY

PATHFINDERS (Grades 3-4)

Member Name _____

Grade _____ Birth date _____ Age _____

Father's Name _____ Home Phone _____

Mother's Name _____ Home Phone _____

Address _____

Email Address _____

Church Attending _____

This will be my _____ year attending Pioneer Girls.

As a Pioneer Club Parent, I agree to volunteer for the following activities; this will include planning the event. _____ **Parent Name**

(Please circle at least one):

Father/daughter event
Christmas Party

Mother/daughter or son event

Plan Service Project

Closing Ceremony

Photographer

Help during Club time on a rotating basis

Fees: \$ 30 Registration, Materials and Activity Fee

 ___ Handbook (\$12)

 ___ Award Sash Display and Pioneer Club Crest (\$11)

 ___ Pioneer Club T-shirt (indicate size below)

 Youth Sizes (\$10.25) Adult Sizes (\$11.25)

 ___ Medium (10-12) ___ Small

 ___ Large (14-16) ___ Medium

Total _____

Office Use Only:

Payment: Cash _____ Check No. _____ Date Rec'd _____

Medical Form Rec'd (Date) _____

**CHANTILLY BIBLE CHURCH
PIONEER CLUB REGISTRATION FORM
2009-2010**

PLEASE PRINT CLEARLY

VOYAGERS (Grades 1-2)

Member Name _____

Grade _____ Birth date _____ Age _____

Father's Name _____ Home Phone _____

Mother's Name _____ Home Phone _____

Address _____

Email Address _____

Church Attending _____

This will be my _____ year attending Pioneer Girls.

As a Pioneer Club Parent, I agree to volunteer for the following activities; this will include planning the event. _____ **Parent Name**

(Please circle at least one):

Father/daughter event
Christmas Party

Mother/daughter or son event

Plan Service Project

Closing Ceremony

Photographer

Help during Club time on a rotating basis

Fees: \$ 30 Registration, Materials and Activity Fee
 ___ Handbook (\$12)
 ___ Award Sash Display and Pioneer Club Crest (\$11)
 ___ Pioneer Club T-shirt (indicate size below)
 Youth Sizes (\$10.25) Adult Sizes (\$11.25)
 ___ Medium (10-12) ___ Small
 ___ Large (14-16) ___ Medium

 Total ___

Office Use Only:

Payment: Cash _____ Check No. _____ Date Rec'd _____

Medical Form Rec'd (Date) _____

**CHANTILLY BIBLE CHURCH
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SCOOTERS (5 year olds and Kindergarten)

Member Name _____

Grade _____ Birth date _____ Age _____

Father's Name _____ Home Phone _____

Mother's Name _____ Home Phone _____

Address _____

Email Address _____

Church Attending _____

As a Pioneer Club Parent, I agree to volunteer for the following activities; this will include planning the event. _____ **Parent Name**

(Please circle at least one):

Father/daughter event
Christmas Party

Mother/daughter or son event

Plan Service Project

Closing Ceremony

Photographer

Help during Club time on a rotating basis

Fees: \$ 20 Registration, Materials and Activity Fee

 ___ Activity Book, Project Stickers, awards (\$15.50)

 ___ Scooter Club T-shirt (Optional)

 Youth Sizes (\$9.25)

 ___ Small (6-8)

 ___ Medium (10-12)

 ___ Large (14-16)

Total ___

Office Use Only:

Payment: Cash _____ Check No. _____ Date Rec'd _____

Medical Form Rec'd (Date) _____