

PATHFINDER/ADVENTURER ACCIDENT INSURANCE

CLUB/CHURCH APPLICATION

Please return to: SECC Youth Ministries
P.O. Box 8050
Riverside, CA 92515
Fax: (951) 509-2399

No Later Than: Fifteen Days after Your Club Registration

Coverage (no deductible)

Medical	\$10,000.00
Accidental Death & Dismemberment	2,500.00

Coverage effective: September 1 to August 31

Number of staff members
(Including director, deputy directors, counselors, etc.) PF _____ ADV _____

Number of Club members (Include TLT's) PF _____ ADV _____

Combined Total PF & ADV _____

Individual Registration/Insurance Fees \$7.50 x _____ = \$ _____

TOTAL PREMIUM \$ _____

TOTAL PREMIUM PAID \$ _____

TOTAL PREMIUM BALANCE \$ _____

(Insurance Premium is included in the Registration Fee)

Director _____
(Print name here) (Sign name here)

Club/Church Name _____ Date _____

(Please include with this form all white copies of Pathfinder & Staff Registration/ Application Form for each member of your club.)