



# GSC Master Guide Church Registration Form

Gulf States Conference of Seventh-day Adventist  
**YOUTH MINISTRIES DEPT.**

P.O. Box 240249, Montgomery, AL 36124  
Phone: (334) 272-7493, ext. 123 Email:  
erodriguez@gscsda.org

<b>District:</b>			
<input type="checkbox"/> North Alabama	<input type="checkbox"/> Central Alabama	<input type="checkbox"/> Gulf Coast	<input type="checkbox"/> Mississippi
<b>Church Name</b> _____ / _____			
<b>Pastor's Name</b> _____			
First	Middle Initial	Last	Maiden Name
<b>Church Address:</b> _____			
Street	City	State	Zip
		<b>Ok to Call</b>	<b>Best Day</b>
		<b>Best Evening</b>	
<b>Church Telephone:</b> (____) _____		<input type="checkbox"/>	<input type="checkbox"/>
<b>Pastor's Cell/Other:</b> (____) _____		<input type="checkbox"/>	<input type="checkbox"/>
<b>Pastor's Email Address:</b> _____			
<b>Church's Email Address:</b> _____			
<b>Please make sure your email address is legible</b>			

**Date Inducted in Gulf States Conference Master Guide Federation** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Place** \_\_\_\_\_

**Master Guide Area Facilitator(s)** \_\_\_\_\_

**Contact Information (Cellphone)** \_\_\_\_\_

**How many members affiliated?** \_\_\_\_\_

**Please list the names of the Chapter Officers and their contact information below:**

**Director** \_\_\_\_\_

**Address** \_\_\_\_\_

Street

City

State

Zip

**Telephone** \_\_\_\_\_



## GSC Master Guide Church Registration Form

**Deputy Director** \_\_\_\_\_

**Address** \_\_\_\_\_

Street

City

State

Zip

**Telephone** \_\_\_\_\_

**Secretary** \_\_\_\_\_

**Address** \_\_\_\_\_

Street

City

State

Zip

**Telephone** \_\_\_\_\_

**Treasurer** \_\_\_\_\_

**Address** \_\_\_\_\_

Street

City

State

Zip

**Telephone** \_\_\_\_\_

**Chaplain** \_\_\_\_\_

**Address** \_\_\_\_\_

Street

City

State

Zip

**Telephone** \_\_\_\_\_

**PLEASE ATTACH A LIST OF ALL MEMBERS.**  
(Ensure that all members have completed the GSC Master Guide Application Form)

**I affirm that the information listed above is accurate.**

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

FOR GSC YOUTH MINISTRIES OFFICE USE ONLY:

Date Received \_\_\_\_\_  
Date Received \_\_\_\_\_  
Date Received \_\_\_\_\_

GSC Youth Office Signature: \_\_\_\_\_  
MG Program Coordinator Signature: \_\_\_\_\_  
MG Area Coordinator Signature: \_\_\_\_\_



### MASTER GUIDE MEMBER LIST

Church: \_\_\_\_\_

Pastor: \_\_\_\_\_

Director: \_\_\_\_\_

#	Name	Phone	Email	DOB	Level
EX.	John Doe	334-000-0000	johndoe@gmail.com	00/00/0000	MG-1
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Pastor Signature: \_\_\_\_\_

Director Signature: \_\_\_\_\_

Area Coordinator Signature: \_\_\_\_\_

\_\_\_\_\_

Send Report To:  
 GSC Youth Dep. P O Box 240249 Montgomery, AL 36124  
 Email to: [erodriguez@gscsda.org](mailto:erodriguez@gscsda.org) Send Copy to your Area Coordinator



# GSC Master Guide Unit Application Form

Gulf States Conference of Seventh-day Adventist  
**YOUTH MINISTRIES DEPT.**

P.O. Box 240249, Montgomery, AL 36124

Phone: (334) 272-7493, ext. 108    Email: bvazquez@gscsda.org

**PERSON MAKING REQUEST:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**CHURCH (ES) INVOLVED IN MASTER GUIDE WORKSHOP:** Club is District

Church: \_\_\_\_\_ State: \_\_\_\_\_

Church: \_\_\_\_\_ State: \_\_\_\_\_

Church: \_\_\_\_\_ State: \_\_\_\_\_

Church: \_\_\_\_\_ State: \_\_\_\_\_

**DATE WORKSHOP WILL BEGIN:** \_\_\_\_\_

**LOCATION MEETINGS WILL BE HELD:** \_\_\_\_\_

**MENTORS ASSISTING IN THE MASTER GUIDE TRAINING WORKSHOP:**

Mentor: \_\_\_\_\_ Workshop: \_\_\_\_\_

Mentor: \_\_\_\_\_ Workshop: \_\_\_\_\_

Mentor: \_\_\_\_\_ Workshop: \_\_\_\_\_

Mentor: \_\_\_\_\_ Workshop: \_\_\_\_\_

Mentor: \_\_\_\_\_ Workshop: \_\_\_\_\_

Mentor: \_\_\_\_\_ Workshop: \_\_\_\_\_

Mentor: \_\_\_\_\_ Workshop: \_\_\_\_\_

Mentor: \_\_\_\_\_ Workshop: \_\_\_\_\_



# GSC Master Guide Unit Application Form

**INDIVIDUALS PARTICIPATING IN THE MASTER GUIDE TRAINING WORKSHOP:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____

**I affirm that the information listed above is accurate.**

Signed \_\_\_\_\_

Date \_\_\_\_\_

**FOR GSC YOUTH MINISTRIES OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Signature: \_\_\_\_\_