



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. 123 Email: erodriguez@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: _____



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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: _____