



Master Guide Investiture Application

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
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Name _____ / _____
 First Middle Initial Last Maiden Name

Address: _____
 Street City State ZIP

Date of Birth: ____/____/____

Age: (please circle one) 18-19 20-39 40-59 60+

	Ok to Call	Best Day	Best Evening
Home Telephone: (____) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell/Other: (____) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email Address: _____			
<i>Please make sure your email address is legible</i>			

Master Guide Program Start Date _____ **Completion Date** _____

Please Provide for Review the following

- Master Guide Record Card with appropriate signatures**
- Portfolio documenting all completed work**
 - Encounter Devotional Guide responses**
 - Copies of certificates, handouts and other pertinent activities earned**
 - Devotional Journal**
 - CPR with AED**
 - Fitness Lifestyle Development Plan**
 - All required summaries according to requirements**
- Submit \$25 with application for investiture supplies (patch, scarf, slide, pin, certificate)**

Desired Investiture Date _____ **Place** _____

I affirm that the information listed above is accurate.

Signed

Date

FOR GSC YOUTH MINISTRIES OFFICE USE ONLY:

Date Received: _____ Approved Not Approved/Need Further Review

Date Approved: _____ Signature: _____