

Pathfinder/Adventurer Insurance

The Conference purchases liability and medical coverage for our pathfinder clubs. The medical coverage is for *\$5000 primary*, if the activity is on our premises or *\$5000 excess*, if an accident occurs during a sponsored activity off premises.

Your cost is **\$4.00** per pathfinder or adult leader.

Must be turned into Conference Youth Department by October 1

Club Name _____ Director _____

Church _____ Phone _____

Number of Pathfinders _____ x \$4.00 = _____

Number of adult leaders _____ x \$4.00 = _____

Grand Total = _____

CHECK MUST ACCOMPANY ORDER FORM

List all names to be insured

This application form is to be sent to the Indiana Conference Pathfinder Department,
P.O. Box 1950, Carmel, IN 46082