



Ontario Conference Adventurer Ministry

Adventurer Bible Experience Registration



Club Name: _____ Date: _____

Church Name: _____

Club Director: _____ E-mail: _____

Team's Age Category: LL and EB (ages 4 & 5) ADV (ages 6-9)

Adventurer Bible Experience Team:	Gender (M or F)	Age
Team Captain:		
Team Scribe:		
Team Members:		
1.		
2.		
3.		
4.		
Alternate:		
Coach:		

Participation approved by Church Board? Yes _____ No _____

Date: **November 17, 2018**

Time: 3:00 p.m.

Venue: Apple Creek Church, 700 Apple Creek Blvd., Markham, ON

Book: Daniel (chapters 1-12)
- Little Lambs/Eager Beavers
(chapters 1-6 only)

Version: New King James

Deadline of Registration: **Thursday, October 25, 2018**

Registration Fee: \$30.00/team

Total Amount: _____

Mode of Payment:

Cash Cheque Other _____
(Payable to "Ontario Conference" with Memo: ABE Reg. Fee)

Credit Card → () *Visa* () *Master Card*

Cardholder: _____ Date: _____

Number: _____ Expiry Date: _____ (mm/yy)

Amount Paid: \$ _____ Signature: _____

Mail to: Adventurer Department
 Ontario Conference
 1110 King Street East
 Oshawa, Ontario L1H 1H8

E-mail to: adventurers@adventistontario.org

or Fax: 1-905-571-5995