



Pathfinder Bible Experience

Registration

Area Conference Union



Team Name _____
(This is what you want to see on the certificate.)

Conference _____

District or Area _____

Event Date _____

Event Location _____

	Name	Grade (5 – 10)
Player		
Player		
Player		
Player		
Player		
Player		
Alternate Player		
Coach		# Pins

Club Director or Coach Name _____

Email _____
(Email address of the person(s) who will receive PBE event notices, confirmations, updates, and etc.)

Registration deadline: January 15 2025. Please, submit form to: aclemencia@mac.com

For Coordinator Use:	
Coordinator _____	Notes _____
<input type="checkbox"/> SOI Signed <input type="checkbox"/> VPR Signed _____ TPP _____ HGH _____ SCR _____ PCT _____ PLC _____ BK	