

FRONTIERSMEN CAMPING FELLOWSHIP NORTH STAR CHAPTER



OLD TIMERS* ADULT VERIFICATION FORM

Event		 	
NAME:			
FCF NAME:			
ADDRESS:			
CITY:			
CHURCH:	CITY:		
Pastors Certification of Adult/Old Tim I personally acquainted with the applican men. I know of no facts or allegations th with minors at any Frontiersmen Campin	at and in my opinion he is of appropria at raise any questions concerning his g Fellowship event.	suitability for participa	
Pastor's Signature of Affirmation:			
Pastor's name (please print)			
Church name (please print)			
Date of Pastor's signature:			
An original copy, with an original signature	ure, must be submitted at registration	when arriving at the e	vent.

One application must be submitted for **EACH ADULT** and is **valid for this event only**.

<u>Please Note</u>: For the safety of all minors, persons <u>without</u> a consent form will be asked to leave the event.