



Christian Cadet Clubs Annual Club Registration Form

Renewal Due Date: October 15! • Registration Fee: \$50 annually

Make check payable to Calvinist Cadet Corps.

CHURCH INFORMATION

Check here if your church has *never* had a Cadet club before.*

Club Number _____ Council _____

Church Name _____

Denomination _____

Address _____

City _____

State/Prov. _____ Postal Code _____

Church Email _____

Church Web _____

SECOND SUPPORTING CHURCH

(if club is supported by more than one church)

Church Name _____

Address _____

City _____

State/Prov. _____ Postal Code _____

CADET CLUB: We hereby apply for membership in the Calvinist Cadet Corps (CCC) for the 20__/___ Cadet season. In making this application, we affirm our agreement with the goals of cadeting as adopted by the CCC Congress and the doctrinal principles of Article 2 of the CCC Constitution which states, *"The basis of the CCC is the Word of God (the Bible) according to the concept of the same as expressed in the Westminster Confession of Faith (including the Larger and Shorter Catechism), the Heidelberg Catechism, the Canons of Dort, and the Belgic Confession."*

X
Signed _____ Date _____
(officer of church board)

X
Signed _____ Date _____
(head counselor)

*If your church has *never* had a Cadet club before, you may disregard the pledge to send an offering to the Cadet office for the first year. Instead you are encouraged to take an offering to help with the initial expenses you incur in starting your Cadet club. If your church has not had a Cadet club in the last *four* years, you may request an exemption from the offering commitment for the year you restart. Send your exemption request to the Cadet office in Grand Rapids, Attention: CCC Treasurer.

SEND REGISTRATION AND OFFERING CHECKS TO:

CANADA: 261 Woodall Way, Woodstock, ON N4T 0K9

USA: 1333 Alger SE, Grand Rapids, MI 49519

On the back of this form, please list all counselors along with their address, phone and email so they can receive the counselor news letter and monthly prayer email.

HEAD COUNSELOR INFORMATION

Name _____

Address _____

City _____

State/Prov. _____ Postal Code _____

Phone _____

Daytime Phone _____

Email _____

CO-HEAD COUNSELOR INFORMATION

Name _____

Phone _____

Email _____

CLUB INFORMATION

How many boys do you have in each program? *(Fill in numbers. If you're not sure how many boys you will have, just estimate.)*

_____ Junior Cadets _____ Recruit • Pathfinder • Builder
number number

_____ Guide Trails _____ Voyageurs
number number

_____ How many boys in your program receive little or no Bible
number education outside Cadets (unchurched)?

Day of the week you plan to meet: _____

DEACONS: With this application, our church pledges to take one offering for the CCC during the **current Cadet season**. We understand that this offering is to be sent to the Calvinist Cadet Corps office in our country (mailing addresses listed below). *If offering is not scheduled yet, please sign this form and forward it without the offering dates; please email that information to the Grand Rapids office when available • email address given below.*

X
Signed _____ Date _____
(president of deacons • please print name on line below)

Printed Name _____

Date offering is scheduled: _____

Approximate mail date: _____

ANY QUESTIONS? Contact Cadet office — Phone: 616-241-5616, ext 4, Email: info@CalvinistCadets.org