

Allegheny East Conference Pathfinder Ministry
Class Review Request Form – Page 1

Church			
Club Name		Director	
Cell Phone			
Email Address			
Location of Testing		Time:	
Date: 1 st Choice		Date: 2 nd Choice	
We have prepared each Pathfinder for testing and are requesting that testing be held on the above date. We have reviewed each pathfinder's class materials and all requirements are signed off on. In addition, we have reviewed the pathfinder's uniform and ensured that each pathfinder is ready for uniform inspection.			
Director's signature:			
Class	No. to be Tested	Class	No. to be Tested
Friend		Trail Friend	
Companion		Trail Companion	
Explorer		Wilderness Explorer	
Ranger		Wilderness Ranger	
Voyager		Frontier Voyager	
Guide		Frontier Guide	
Master Guide			
Name		Title	
Signature		Date	
Area Coordinator			
Area Coordinator Signature			
Date Received			

This form should be sent to your Area Coordinator at least one (1) month prior to the intended testing date.

List pathfinders that will be tested and their appropriate class to be tested for on the following page.

If there are any special testing circumstances, please list those below:

1. Director to fill out Testing Request and send to Area Coordinator at least 30 days prior to planned test date.

AECPM Class Review Request Form – Page 2

List Names by Class

Friend (List Name)	Friend (List Name)		Trail Friend (List Name)	Trail Friend (List Name)

Companion (List Name)	Companion (List Name)		Trail Companion (List Name)	Trail Companion (List Name)

Explorer (List Name)	Explorer (List Name)		Wilderness Explorer (List Name)	Wilderness Explorer (List Name)

Ranger (List Name)	Ranger (List Name)		Wilderness Ranger (List Name)	Wilderness Ranger (List Name)

Voyager (List Name)	Voyager (List Name)		Frontier Voyager (List Name)	Frontier Voyager (List Name)

Guide (List Name)	Guide (List Name)		Frontier Guide (List Name)	Frontier Guide (List Name)