**CLUBE DE LÍDERES FALCÕES DA SERRA**



**4º Região de Desbravadores da Missão Sergipe Alagoas**

**FICHA CADASTRAL**

Nome do Clube\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Distrito\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Compl.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bairro\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cidade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Estado \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CEP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sexo [ ] Masculino [ ] Feminino Batizado? [ ] Sim [ ] Não

Nascimento \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Cidade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estado\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recebeu o Lenço em: \_\_\_\_/\_\_\_\_/\_\_\_\_ No Clube: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Filiação**

Pai\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mãe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMAÇÕES PARA USO MÉDICO**

**1 –** Tipo sanguíneo/Fator R.H \_\_\_\_\_ \_\_\_\_

**2** – Vacinação contra tétano [ ] Diabetes [ ] Penicilina

[ ] Sim Data \_\_\_\_/\_\_\_\_/\_\_\_\_ [ ] Epilepsia [ ] Soro

[ ] Não [ ] Coração [ ] Antitoxinas

[ ] Hemofilia [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Bronquite [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3 -** Sofro de:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **4-** Sou alérgico a:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EM CASO DE ACIDENTE AVISAR UMA DAS PESSOAS ABAIXO INDICADAS.**

1 – Nome\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parentesco\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fone (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 – Nome\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parentesco\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fone (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPROMISSO**

Farei o máximo possível para seguir os princípios do Voto e da Lei do Desbravador,

cooperar com os líderes e superiores e obedecer os regulamentos da Missão Sergipe Alagoas

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Assinatura do Aspirante

**RECOMENDAÇÃO PASTORAL**

Eu Pastor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do Distrito \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recomendo o líder acima citado pela sua capacidade e idoneidade perante as normas da Igreja Adventista do Sétimo Dia.

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Carimbo e Assinatura do Pastor

**INVESTIDURAS**

**Classes Regulares Classes Avançadas**

[ ] Amigo............... \_\_\_\_/\_\_\_\_/\_\_\_\_ [ ] Amigo da Natureza ......................... \_\_\_\_/\_\_\_\_/\_\_\_\_

[ ] Companheiro.... \_\_\_\_/\_\_\_\_/\_\_\_\_ [ ] Companheiro de Excursão .............. \_\_\_\_/\_\_\_\_/\_\_\_\_

[ ] Pesquisador ..... \_\_\_\_/\_\_\_\_/\_\_\_\_ [ ] Pesquisador de Campos e Bosques... \_\_\_\_/\_\_\_\_/\_\_\_\_

[ ] Pioneiro............ \_\_\_\_/\_\_\_\_/\_\_\_\_ [ ] Pioneiro de Novas Fronteiras .......... \_\_\_\_/\_\_\_\_/\_\_\_\_

[ ] Excursionista.... \_\_\_\_/\_\_\_\_/\_\_\_\_ [ ] Excursionista na Mata...................... \_\_\_\_/\_\_\_\_/\_\_\_\_

[ ] Guia................. \_\_\_\_/\_\_\_\_/\_\_\_\_\_ [ ] Guia de Exploração.......................... \_\_\_\_/\_\_\_\_/\_\_\_\_

**ESPECIALIDADES**

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**Secretária do Clube de Líderes**

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**Diretor do Clube de Líderes**

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**Coordenador Distrital**

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**Coordenador Regional**