

Club Name:	
Church	
Director:	
Number of Little Lambs:	
Number of Foren Documents	
Number of Eager Beavers: Number of Adventurers:	
Number of Staff:	
Total Number Attending:	
Date: October 6th, 2024 Time: 8:30am-9:30am	(Registration) 10:00am (activities)
Indicate which location you will be attending:	
	Location: Adventist Fellowship 15303 E 21st St. Tulsa, OK 74134
Submit by September 29th to: Youth@okadven	<u>tist.org</u> – 4735 NW 63rd St. OKC, OK 73132
Participant Names:	
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•	
•	Age:
•	
	Age:
•	Age: Age:
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Oklahoma Conference Youth Ministries Fall Into Fitness Score Sheet



Club Name <u>:</u>					Directo	or Nam <u>e</u>		Date:				
	Name	Age	Sex F/M	1 Mile Run	Curl-ups	Push Ups	Trunk Lift	Sit & Reach Right/Left	Mod Pull- ups	Flexed Arm Hang	Shoulder Stretch Right/Left	*Result HZ/P
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												

*(You must test in at least 5 Categories to receive the Healthy Fitness Zone (**HZ**) or Participation Patch (**P**))



Oklahoma Conference Youth Ministries Fall Into Fitness Score Sheet



	Club Name:		Director Name:							Date:			
	Name	Age	Sex F/M	1 Mile Run	Curl- ups	Push Ups	Trunk Lift	Sit & Reach Right/Left	Mod Pull-ups	Flexed Arm Hang	Shoulder Stretch Right/Left	*Result HZ/P	
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
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39													
40													
41													
42													
43													
44													
45													
46													

*(You must test in at least 5 Categories to receive the Healthy Fitness Zone (**HZ**) or Participation Patch (**P**))