

Registration Form

Clubber Name: _____ Grade: _____ Age: _____

Address: _____ Clubber Birthday: _____

Parent/Guardian Name(s): _____

****Email address to keep you updated on special events or in case of bad weather****

Parent/Guardian Email: _____

Phone Number(s): Home: _____ Cell: _____

Siblings: _____

Church Attend: _____

Brought to AWANA by: _____

Invited to AWANA by: _____

Individuals (MUST be over 18) authorized to pick up this clubber from AWANA:

Medical Conditions: _____

Known Food Allergies: _____

Parent/Guardian Signature and Date: _____

-----USE FOR FUTURE YEARS-----

Parent/Guardian Signature and Date: _____

Parent/Guardian Signature and Date: _____

Parent/Guardian Signature and Date: _____

Parent/Guardian Signature and Date: _____

Parent/Guardian Signature and Date: _____

Parent/Guardian Signature and Date: _____

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