

AWANA REGISTRATION

2016-2017

Parent(s) Name(s): _____ Home Phone: _____
Address: _____ Cell Phone (mom) _____
City: _____ Zip: _____ (dad) _____
Invited to Awana by: _____ Email: _____
Church (if any): _____
Emergency contact: _____ Phone: _____
Who will transport your child(ren)? _____
Individuals authorized to pick up your child(ren) from club: _____

AWANA CLUBBERS:

Name: _____ Birthday: _____ Age: _____ Grade: _____
Hobbies/activities: _____
Medical conditions/ allergies we need to know of to help your child have a safe time during club meetings:

Name: _____ Birthday: _____ Age: _____ Grade: _____
Hobbies/activities: _____
Medical conditions/ allergies we need to know of to help your child have a safe time during club meetings:

Name: _____ Birthday: _____ Age: _____ Grade: _____
Hobbies/activities: _____
Medical conditions/ allergies we need to know of to help your child have a safe time during club meetings:

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