



Registration 2011-2012

Clubber Name _____ Birthdate _____

Address: _____ City _____ Zip Code _____

Grade _____ Who do they live with _____

Are there any medical needs we need to know about (including food allergies) _____

Mother Name _____ Home Phone _____

Cell Phone _____ Where will you be during Awana _____

Do you text _____ Email _____

Father Name _____ Home Phone _____

Cell Phone _____ Where will you be during Awana _____

Do you text _____ Email _____

Who can pick your child up from Awana: * _____

* _____

Emergency Contact: Name _____ Phone Number _____

Relationship: _____ Cell Number _____