

AWANA REGISTRATION FORM 2018-2019

NAME _____ GRADE _____ CLUB _____

ADDRESS _____
Street City zip

E-MAIL _____ Cell Phone _____

**PLEASE BE SURE TO INCLUDE EMAIL AND/OR CELL NUMBER TO RECEIVE COMMUNICATIONS

PHONE _____ BIRTHDATE _____
Month / Day / Year

EMERGENCY CONTACT _____ Phone _____

PARENTS/GUARDIANS _____

PLEASE **PRINT** CLEARLY

UNIFORMS:

Cubbies: \$11

Sparks: \$11

T&T \$17.00

HANDBOOKS: \$11

YEARLY DUES: \$15

Note: If you need a scholarship or if you have more than one child and are interested in setting up an installment plan please talk to the AWANA Ministries Director.

Parent or Guardian Signature

List other children in AWANA _____

ALLERGIES/ MEDICAL CONDITIONS _____

Photographs may be taken at various times of individuals and groups involved in church activities. Some photos may be posted on the church website, but persons photographed will never be personally identified unless they specifically grant the church permission to do so. I give permission for the church to use my image and those of my family members, but do not, at this time, grant permission for any of us to be identified by name.

Signed _____

Office Use Only:

SCHOLARSHIP _____

PAID _____

INSTALLMENT _____

BALANCE _____