

Approved  
Work  
Area  
Not  
Assess  
ed

# AWANA

## Registration Form

2009-2010

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ B-Day: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Ph #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_

Previous AWANA classes: \_\_\_ Cubbies \_\_\_ Sparks \_\_\_ T&T

Have book? \_\_\_\_\_ Have uniform? \_\_\_\_\_

For Office Use Only

1st visit: \_\_\_\_\_ 2nd visit: \_\_\_\_\_

Completed Start Zone: \_\_\_\_\_

Paid Dues \$15: \_\_\_\_\_ Check # \_\_\_\_\_

Paid Book \$15: \_\_\_\_\_ Check # \_\_\_\_\_

Paid Uniform \$15: \_\_\_\_\_ Check # \_\_\_\_\_

Team color: \_\_\_\_\_

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