



Contact Information and Permission Authorization

Clubber Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Clubber Birthday: _____ Clubber age / grade: _____

Church Clubber Attends: _____

Any Medical Conditions: _____

Parent / Guardian Name: _____

Home Phone: _____ Mobile Phone: _____

Individuals other than Parents authorized to pick up clubber from Awana:

*One Individual I'd like to be teamed up with _____ (not a guarantee).

By checking this box, parent/guardian authorizes Awana leaders to contact the clubber registered herein through written correspondence such as "Get Well" cards or "Birthday" cards and to call by telephone to discuss club activities.

Parent Signature: _____

Date: _____



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