

AWANA REGISTRATION FORM

Club _____

CHILD'S NAME: _____

PARENT'S NAME: _____

ADDRESS: _____

_____ PA _____
(CITY) (ZIP)

HOME PHONE NUMBER _____

CELL PHONE NUMBER _____

EMAIL ADDRESS _____

CHURCH ATTENDING (IF REGULAR) _____

CHILD'S AGE _____ CHILD'S GRADE _____

CHILD'S BIRTHDAY _____

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