# AWANA CLUB 2011-2012
# REGISTRATION FORM

Please completely fill out the information below and return with registration fee and Medical Release. **ONE FORM PER FAMILY**, if possible. Make checks payable to: the crossing @ birchwood. Cubbies MUST be age 4 by Sept. 1, 2011.

Please indicate interest in helping below.

| CLUB | REGISTRATION / AWARDS *Required Annually* | QTY | UNIFORM | QTY | HANDBOOK | QTY | TOTAL | AMOUNT DUE |
|---|---|---|---|---|---|---|---|---|
| **Cubbies** 4&5 yrs | $15.00 | ____ | $11.00 | ____ | $9.00 | ___ | $35.00 | _____ |
| **Sparks** (K-2) | $15.00 | ____ | $11.00 | ____ | $9.00 | ___ | $35.00 | _____ |
| **T&T** (3rd-6th) | $15.00 | ____ | $14 T-shirt | ____ | $9.00 | ___ | $38.00 | _____ |
| **Trek** (7th&8th) | $15.00 | ____ | $14 T-shirt | ____ | $9.00 | ___ | $38.00 | _____ |
| **Book Bags** (optional) | Cubbies _____ | | Sparks _____ | | T& T _____ | | $6.00 each | _____ |
| | (OTHER)_____ | | | | | | | _____ |
| | | | | | | | **TOTAL AMOUNT DUE** | _____ |

**OFFICE USE ONLY-PLEASE DO NOT WRITE BELOW THIS LINE**

**DATE RECEIVED/DISTRIBUTED:**
**REGISTRATION**_____ **CHECK NO.** _____ **BOOK**_____**UNIFORM**_____ **MISC ITEMS** _____

**Mother's First & Last Name** _____ **Father's First & Last Name** _____

**Mailing Address** _____ **City/Zip** _____

**Home Phone** _____**Mother's Cell**_____ **Father's Cell** _____

**Family's Email** _____ **Mother's Work No** _____**Father's Work No.** _____

**Today's Date**_____ **Local Church you attend:** _____

**Have you ever served in AWANA before?** _____ **Which Club(S)?**_____

**Would you be willing to help this year?** _____ **Which Club(s)?** _____

**(Please note that our Leadership Training is required for all AWANA volunteers)**

| Participant Name | Age | Birthday | Fall 2011 Grade | Current Book or Last Completed Book | Indicate group: Cubbies/Sparks/T&T/Trek |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |