



**WALLEN BAPTIST CHURCH
AWANA REGISTRATION 2010-2011**



Child's name _____ Grade _____ Club _____ Birth date _____

Medical Release form signed & on file

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Address: _____

City, State, Zip: _____

Home phone: _____ Cell phone(s): _____

Parent(s)/Caregiver(s) Name: _____

Email: _____ Emergency contact: _____

Church where you are a member or regularly attend:

Wallen Baptist Other (please list) _____ None

Photographs are sometimes taken of children's ministry activities for publicity and promotional purposes, which include, but are not limited to, in-house presentations, church web sites, brochures and newsletters. Children's names or information are never used without specific permission. By signing this area, you are releasing Wallen Baptist Church to use photographs of your child as stated above.

Signature of Parent or Guardian _____ Date _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Payment Info:

	L'il Lights	Cubbies	Sparks	TNT
Activity Fee	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$15.00
Book	not available	<input type="checkbox"/> \$8.50	<input type="checkbox"/> \$9.50 1 2 3	<input type="checkbox"/> \$8.50 1 2 3 4
Uniform	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$11.50 M L XL	<input type="checkbox"/> \$11.50 M L XL	<input type="checkbox"/> \$15.00 jersey 12 14 AS <input type="checkbox"/> \$14.00 t-shirt 12 14 AS
CD	not available	<input type="checkbox"/> \$11.50	<input type="checkbox"/> \$11.50	<input type="checkbox"/> \$11.50
Tote Bag	not available	<input type="checkbox"/> \$6.50	<input type="checkbox"/> \$5.50	<input type="checkbox"/> \$4.50
Total				

Cash Check #