



AWANA Registration Card
2007-2008

Office use only:

\$10 Fee Paid: _____

Cash: _____

Check #: _____

Scholarship: _____

Child's Name: _____

Date of Birth: _____ Age: _____ Gender: ___Male ___Female

Home Address: _____

City/State/Zip: _____ Home Ph. #: _____

Mother's Name: _____ Father's Name: _____

In Case of Need: Parent's Location during AWANA: _____

Parent's Telephone # during AWANA: _____