

Awana Contact Information and Permission Authorization

(Update Information and written permission annually.)

(please print clearly)

Clubber name: _____ Parent/Guardian name: _____

Address: _____ Phone number: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Clubber Birthday: _____

Clubber age/grade: _____

Siblings (names/ages): _____

Church: _____ Medical conditions: _____

Brought by (transportation): _____ Invited by: _____

Individuals authorized to pick up child from club: _____

Occasionally, we would like to contact your child to see how they are enjoying club and if they need any help in completing their handbooks. We are asking permission as the parent/guardian to contact you and your child by e-mail, mail, and phone call to discuss club activities. We also need your e-mail to receive our monthly AWANA newsletter.

Parent/Guardian signature and date _____

Secretary Use: Siblings in the Awana program
