



2017-2018 Registration

Please fill out and return upon attending the first night of AWANA

Student's Information

Name _____ Grade _____ Age _____

Address _____ State _____ Zip _____

Parent/Guardian Information

Name(s) _____

Address (if different) _____ State _____ Zip _____

Contact Number _____

E-mail: _____

Any Allergies of a snack is given
