

FELLOWSHIP BAPTIST CHURCH (COBOURG)

*****DEAR PARENT/GUARDIAN – PLEASE COMPLETE THE FOLLOWING AND GIVE IT TO THE CLUB SECRETARY*****

A.W.A.N.A. WEEKLY RECORD

REGISTRATION DATE: _____ **20** _____

NAME: (Given) _____ (Surname) _____

ADDRESS: (Street) _____ (Town) _____ (Postal) _____

TELEPHONE: ____ - ____ - ____ **Grade:** ____ **Date of Birth:** (Day) _____ (Month) _____ (Year) _____

CHURCH ATTENDED: _____ **Brought to A.W.A.N.A. by:** _____

Allergies: _____ **Special Learning Needs:** _____

EMAIL ADDRESS: _____ @ _____ used as a blind copy email only

PARENT/GUARDIAN NAME(S): _____

Where did you hear about AWANA? _____