



AWANA CUBBIES CLUB
Registration Form 2009
Southwinds Church
13400 W. Middle Road
Tracy CA. 95304
(209) 835-4673



Child's Name _____ Female / Male

Birthday _____ Age _____ years old Grade _____

Allergies _____

Parent / Guardian Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell _____

E-mail _____

Has your child been in AWANA'S before? No / Yes _____
 (Name of the Church)

Church attending: Southwinds / None / Other _____
 (Please circle one) (Name of the Church)

Sibling (Please list all other siblings along with their ages and clubs they are in)

Name	Age	Club
_____	_____	_____
_____	_____	_____

Emergency Contact _____ Phone _____



Fees \$50.00 at time of registration.

Uniform \$15.00 Sizes **(Please circle one)**
 Small (4), Medium (5), Large (6), XLarge (8), XXLarge (10)

Handbook \$12.00 paid at registrtion or as they are earned.

For Office Use: Amount Paid \$ Cash /Check # _____ Note : Initial
