

Awana Payment

Child's Name:	Cubbies: \$10	Sparks: Track 1 - \$30 ____ Track 2 - \$20 ____	T&T: Track 1 - \$30 ____ Track 2 - \$20 ____	Total:
Child's Name:	Cubbies: \$10	Sparks: Track 1 - \$30 ____ Track 2 - \$20 ____	T&T: Track 1 - \$30 ____ Track 2 - \$20 ____	Total:
Child's Name:	Cubbies: \$10	Sparks: Track 1 - \$30 ____ Track 2 - \$20 ____	T&T: Track 1 - \$30 ____ Track 2 - \$20 ____	Total:
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Child's Name:	Cubbies: \$10	Sparks: Track 1 - \$30 ____ Track 2 - \$20 ____	T&T: Track 1 - \$30 ____ Track 2 - \$20 ____	Total:
				Grand Total:

Any questions ask club Director or Sue Bannan, 427-2253.
There will be a small fee for replacement of lost awards.

Cash ____ Check # ____ Date _____	Amount:	Balance:
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Cash ____ Check # ____ Date _____	Amount:	Balance:

Please turn this in to a Secretary, Thank you!

Awana Permission

To Parent or Guardian:

1) I give permission for my child/children to attend AWANA at Bible Evangelical Free Church. I understand this is a Bible based program, which involves scripture memory. I have read and understand the club standards and know that if my child does not adhere to them, they may be sent home from club.

2) I understand that my child/children may participate in physical activities such as those held during game time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, AWANA Clubs International, Tomah Bible Evangelical Free Church and any persons involved in the AWANA club ministry.

3) In the event of an emergency that requires medical treatment for the named child/children on the back of this form, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the AWANA volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.

4) I grant permission for a photo of my child/children to appear among other general club photos or on the BEFC church website as long as there is no identifying information shown.

5) I grant permission for my child/children to travel to/from AWANA club events with an adult leader. Any such event will be clearly communicated with me beforehand.

Signed: _____ Date: _____ Phone #: _____

Name printed: _____ Relationship to Clubbers: Father Mother Guardian

Emergency Contact: _____ Home Phone #: _____ Cell Phone #: _____

Relationship: _____

Family Physician: _____ At what Clinic: _____

Please list all the names of those who will be allowed to pick up your children:

If you have a child in Cubbies (ages 3 & 4, by Sept 1st), Please list the name of the person staying on site and their relationship to the Cubbie:

Turn Over

