

AWANA Clubs Contact Information and Permission Authorization

Clubber name: _____ Parent/Guardian Name: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Email address: _____

Clubber birthday: _____ Clubber age/grade: _____

Hobbies/Activities: _____

Siblings (names/ages): _____

Church: _____ Medical conditions: _____

Brought by (transportation): _____ Invited by: _____

Individuals authorized to pick child up from club: _____

Your child's handbook leader may like to occasionally contact your child to see how they are enjoying club, if they need help completing their handbooks, or to send written correspondence such as a "get well" or "birthday" card. Please sign below as the parent/guardian if you give permission for your child's leader to contact your child by written communication or by phone to discuss club activities.

Leader's signature and date: _____

Parent/Guardian signature and date: _____

Please return to Jesup Bible Fellowship, 152 South Street, PO Box 268, Jesup IA 50648