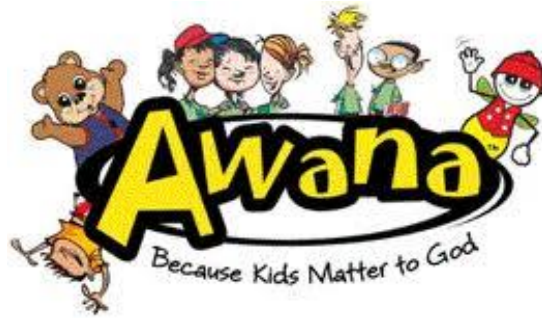


CLUB _____ Amt Paid \$ _____



Registration Form

Clubber Name: _____

PO Box: _____ City: _____

Phone: _____

E-Mail: _____

Clubber Age/Grade: _____

Clubber Birthday: _____

Church: _____

Parent/Guardian Name: _____

Annual Dues \$30.00

First Baptist Church of Page/ 645-3353 / 213 S. Lake Powell Blvd.

For office use: Paid: _____ Date: _____

CLUB _____ Amt Paid \$ _____



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