



**AWANA Club Leader Form  
2020-2021**

Child's Name: \_\_\_\_\_

Check one: \_\_\_\_\_ Male \_\_\_\_\_ Female      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact#1 Name and Phone: \_\_\_\_\_

Contact #2 Name and Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Email: \_\_\_\_\_

Home Church: \_\_\_\_\_

Allergies or Special Needs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

People with permission to pick up your child:  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Emergency Contacts:**  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_