Winfield Bible Chapel AWANA REGISTRATION FORM

Year: _____

Child's Name	Home Phone	
Birth Date/Age	Grade Boy Girl	
Address	Mobile #	
City / State	Zip Code	
Parent's Names	Parent E-mail	
Allergies/Restrictions	Church Attending Brought By	
Please circle correct shirt size: Youth Sm Youth Med Youth Lg Adult Lg	g Adult Sm Adult Med	
Please check this child's club:CubbiesSparksJourney (Age 3* and 4) (Grades K-2) (Grades *must be 3 by Sept. 1	T&TTrek 3-6) (Grades 7-8) (Grades 9-12)	
(Optional) I hereby certify that my child regularly and should receive Church Attendance	e Awards (for Cubbies, Sparks, T&T).	
Guardian Date	Signature of Parent or	
In Case of Emergency Call (other than parents Name Relationsh	s):	
Permission/Consent/Release of Liability		
I, the undersigned, request that my child be permitted to participate in the Winfield Bible Chapel AWANA Ministry. I agree to hold harmless Winfield Bible Chapel or any of their agents in the event of accident, illness, injury, or death, which may occur during any and all activity (AWANA sponsored activities). I also grant permission to photograph/video my child for use in representing Winfield Bible Chapel and/or AWANA, such as (but not limited to) our bulletin board, Facebook page, & website).		
Parent or Guardian Date	Signature of	
Questions? Please contact one of the following:		

Winfield Bible Chapel AWANA REGISTRATION FORM

Commander: Chris Burke Journey Director: Steve Wagner Trek Directors: Jay & Cindy Harmon T&T Directors: Chris & Debbie Burke

Sparks Director: Donna Erb

Cubbies Director: Kathy Brighoff

(410) 549-2251

(410) 703-8393

(410) 848-0468 (410) 549-2251

(410) 795-0247

(410) 596-1916

