

**Arthur Christian Church
Awana Contact and Permission Card**

Clubber Name: _____

Parent Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone _____ Cell: _____

Email: _____

Clubber Birthday: _____ Clubber Age/Grade: _____

Hobbies/Activities: _____

Siblings (Names/Ages): _____

Medical Conditions: _____

Church Attending: _____

Brought by (Transportation): _____

Invited By: _____

Individuals authorized to pick child up from club: _____

As the parent/guardian of _____, I give permission for my child's picture to be taken during club time. These pictures will only be used to showcase the fun and exciting things that our program has done each quarter.

Parent Signature: _____ Date: _____