



# AWANA 2016-2017 Registration Form

Name: \_\_\_\_\_  
Last Father Mother

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

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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

Full name of children: (include last name if different)	Birthdate	Allergy? Y / N	Grade 2016-2017
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If yes to allergy, please provide detail:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If not SAYSF, what is your home church? \_\_\_\_\_

In case of an emergency, contact: \_\_\_\_\_

Visitor of: \_\_\_\_\_