



**2018 -2019 REGISTRATION FORM**

Please complete the following form and bring it to the next club. Alternatively, you can mail in the registration to the church at P.O. Box 725, Vashon, WA 98070.

**Family Information**

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Clubber Information**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

T Shirt Size (Circle): XS S M L XL

Allergy / Medical: \_\_\_\_\_

Club (Circle) Cubbies Sparks T&T  
(4 yr.) (k-2) (3-5)

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

T Shirt Size (Circle): XS S M L XL

Allergy / Medical: \_\_\_\_\_

Club (Circle) Cubbies Sparks T&T  
(4 yr.) (k-2) (3-5)

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

T Shirt Size (Circle): XS S M L XL

Allergy / Medical: \_\_\_\_\_

Club (Circle) Cubbies Sparks T&T  
(4 yr.) (k-2) (3-5)

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

T Shirt Size (Circle): XS S M L XL

Allergy / Medical: \_\_\_\_\_

Club (Circle) Cubbies Sparks T&T  
(4 yr.) (k-2) (3-5)

**Price List**

Registration & Materials (Flat Fee)*	\$40.00 for the first child \$30.00 for each additional child
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\* - Flexible payment plan is available - 50% at time of registration, balance due in February. Please make checks payable to **BEFC** and note "AWANA" in the memo line.

Total Paid: \_\_\_\_\_