

Master Club Registration Form

Name: _____ Birthday: ___/___/___ Age: _____ Grade: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Emergency #: _____ E-mail: _____

Parent's Name: _____ Who may pick up child: _____

Church Attending: _____ Brought by: _____ Van Driver: _____

Need to know info: _____

By signing below I give this church permission to photograph my child for Master Clubs purposes. I understand these photos may be used for various activities, events, recognition, promotional material and church history records.

Guardian's Signature: _____ Date: ___/___/___

Club Use Only:

Membership Earned: ___/___/___

Uniform Purchased: ___/___/___

Book Purchased: ___/___/___

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