

Master Club Registration Form

Name: _____

Birthday: _____ Age: _____ Grade: _____ Gender: _____

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

Phone: _____ Emergency #: _____

E-mail: _____

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

Church you regularly attend: _____

Need to know information: _____

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:	__/__/__