



**Oak Ridge Baptist Church
AWANA Leader Registration Form**

First Name	Last Name	*Birthday MM/DD	Leader OR Listener
		___/___	
Address:			Phone: ()
City:	Zip:	Email:	
Club Certified? YES <input type="checkbox"/> NO <input type="checkbox"/>		How many years have you served? _____	

Please select either Leader (Full Time) OR, Listener (Part Time):

Leader					
To qualify as a Leader please read and initial:					
Leaders must be present and actively participate with Clubbers for the entire club night (i.e. Opening Ceremony, Handbook Time, Counsel Time and Game Time) for entire _____AWANA year.					
Initial: _____					
Please Select Preference:	Cubbies <input type="checkbox"/>	Sparks <input type="checkbox"/>	T&T <input type="checkbox"/>	Games <input type="checkbox"/>	Counsel Time <input type="checkbox"/>

Listener			
To qualify as a Listener please read and initial:			
Listeners must be present and actively participate with Clubbers in Opening Ceremony and Handbook Time for entire _____AWANA year.			
Initial: _____			
Please Select Preference:	Cubbies <input type="checkbox"/>	Sparks <input type="checkbox"/>	T&T <input type="checkbox"/>

Clubbers that you will receive credit for:			
Child	First:	Last:	Club:
1.			
2.			
3.			
4.			