

SACRAMENTO AWANA GAMES REGISTRATION

Church _____ City _____

AwanaGames Contact Person _____ Phone _____

Home Address _____ E-mail _____

City _____ Zip _____

Event Date: February 25th

Session Preference: Early Morning Late Morning Afternoon

First Choice COLOR Preference

Second Choice COLOR Preference

Number of Teams Registering	
Sparks	Coed T&T

I agree to provide 2 staff members for each team registered for AwanaGames day. I understand all staff members must wear their Awana polo shirts. Recommended staff names are:

_____	Scorekeeper or Timer
_____	Usher
_____	Scorehanger or Equipment Asst.
_____	Admissions or Sales

(Job choice will be honored as far as possible. Registration will be returned if no names are included.)

Send by February 10th to:
Awana Clubs
PO Box 2907
Citrus Heights, CA
95611-2907



Registration fees must accompany this form:
\$95.00 per team
Total Fees Enclosed:
