



Club Year 2011-2012

Date: _____

Club member name: _____

Age: _____

Birth date: _____

Grade: _____

Brothers and sisters also in Camp Compass (list name and club group or age):

Parent or guardian name: _____

Address: _____

City _____ State/Prov _____ Zip Code _____

Home phone: (____) ____-____ Work phone: (____) ____-____

Email: _____ Facebook: _____

My child has the following allergies, medical concerns, or special learning needs:

Emergency contact if parent cannot be reached:

Name: _____

Phone: (____) ____-____

Relationship to Club Member: _____

(Mail or bring \$40 to St Paul Lutheran, 300 Pecan, McAllen TX 78501
\$50 after Aug 15; Please put Kid's Club 5474 in memo line)

Office Use:

Registration fee \$	_____	Total paid \$	_____
Handbook	\$ _____	___ Cash	Check # _____
Club outfit	\$ _____	Balance due \$	_____
Other	\$ _____	Date paid in full	_____