



Club Year 20__ - 20__

Date: _____

Club member name: _____

Age: _____

Birth date: _____

Grade: _____

Brothers and sisters also in Pioneer Clubs (list names and club group or age):

Parent or guardian name: _____

Address: _____

City _____ State/Prov _____ Zip/Postal Code _____

Home phone: (_____) _____ - _____ Work phone: (_____) _____ - _____

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

Emergency contact if parent cannot be reached:

Name: _____

Phone: (_____) _____ - _____

Club Fees:

Registration fee	\$ _____	Total paid	\$ _____
Handbook	\$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	
Club outfit	\$ _____	Balance due	\$ _____
Other	\$ _____	Date paid in full	_____