



Registration Form

(One Per Child)

VBS Summer 2017 – July 24-28

Child's name: _____ Child's gender: _____

Date of birth: _____ Child's age: _____ Last school grade completed: _____

Name of parent(s)/guardian: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cell phone: (_____) _____

Home email address: _____

Home church: _____

T-shirt size (youth): XS S M L XL

Crew number or name (for church use only): _____

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____