

Babylon

Daniel's Courage in Captivity™

Registration Form

(one form per family)

Name(s) and age(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: _____ Cellphone: _____

Home email address: _____

Number of family members participating in Babylon VBS: _____

Will parents be helping in other areas of Babylon VBS? _____ Where? _____

 In case of emergency, contact: _____
Name and phone number

Allergies or other medical conditions: _____

Home church: _____

Name of a special friend your child might like to be with: _____

Tribe name (for church use only): _____