



REGISTRATION FORM

(one form per family)

Name(s) and Age(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____

E-mail Address: _____

Will parents be helping in other areas of VBS: _____

Where?

In case of emergency, contact:

Name: _____ Phone: _____

Allergies/Other conditions: _____

Home Church: _____

