



Registration Form

(One Form Per Family)

Name(s)
Age(s) & Gender: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: _____ Cell phone: _____

Home e-mail address: _____

Number of family members participating in VBS _____

Will parents be helping in any areas of VBS? _____ Where: _____

In case of emergency contact: _____

Allergies or other medical conditions: _____

Home church: _____

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