

2009 Vacation Bible School Registration Form



July 27th – 31st 9:00A.M. – 12:00 P.M.

(One Form per child Please)

Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Home telephone:(_____) _____

Cell telephone:(_____) _____

Date of birth: (Must be 4 by 6/30/09) _____

Last school grade completed: _____

In case of emergency, contact: _____

Mother: _____

Father: _____

Allergies or other medical conditions: _____

Home church: _____

T-shirts will be available for \$3.00/each, please circle a size for your child if you are interested in one:

Child S

Child M

Child L

CD's will also be available for \$3.00/each, would you like one? Yes No