

Registration Form

Child's Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Age: _____ **EMERGENCY CONTACT:** () _____ - _____

Parent/Guardian: _____ Do you need a ride? YES NO
(Please Check One)

Do you have any allergies that we need to know about? YES NO (Please Check One)

Do you carry or use and Epi Pen, Inhaler, etc.? YES NO (Please Check One)

Please list any allergies or other items of concern:

Bring this flyer to
VBS and your name
will be added to the
Prize Drawing
10 times

VBS T-Shirt

The **FREE** T-shirts will only be given out on FRIDAY NIGHT June 15th. Your child **MUST BE** present and **MUST** attend at least 3 of the 5 days of VBS.