



St. Paul's U.C.C.

# V.B.S. Registration Form

Please PRINT one for each Participant

June 19-23, 2017

5:45pm for Dinner

6:30pm for VBS Program

Participant's Name: \_\_\_\_\_

Participant's Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

(Adults: Please provide what decade if you don't want to include age, date, or grade.)

Name of parent(s)/guardian(s) if under 18 years of age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Participant or Parent /Guardian's Cell if under 18 years of age: (\_\_\_\_\_) \_\_\_\_\_

Home Email: \_\_\_\_\_

Home Church: \_\_\_\_\_ How many will be coming for dinner? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Return to:

Church Office or Stacy Laucks: [slaucks@stpaulsfleetwood.org](mailto:slaucks@stpaulsfleetwood.org) / mailbox # 22