

Please return to the church office by Wednesday, July 7th



Evening VBS 2018

* July 16 - 19*

Registration Form

(one per family)

Location: Our Savior Lutheran Church

Name(s)	Grade (just completed)	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Name: _____

Stress address: _____

City: _____ State: _____ Zip: _____

Home telephone: (_____) _____ Cell telephone: (_____) _____

E-mail address: _____

Home church: _____

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

In case of emergency, contact: _____ Emergency contact phone: (_____) _____

Allergies or other medical conditions: _____

Name(s) or person(s) who may pick up child(ren) from VBS: _____

For Church use only

Day Camp or Evening VBS: _____

Will parents be helping with VBS? _____ Where? _____