

VBS - Registration Form

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Parent's Name: _____

Address: _____

Phone: _____

T-shirt size: _____youth s _____youth m _____youth l _____youth xl

_____adult s _____adult m _____adult l _____adult xl _____adult xxl

Emergency Contact Information:

Are you interested in sending snacks one day? Yes _____ No _____

If yes, what day? _____

Are you interested in sending drinks one day? Yes _____ No _____

If yes, what day? _____

Would you like to volunteer your time one day? Yes _____ No _____

If yes, what days are you available? _____