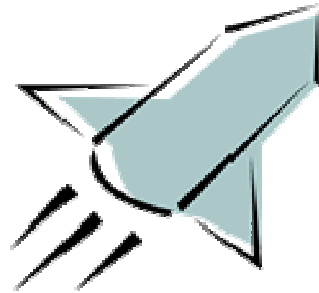


# Vacation Bible School 2009

July 20-23

6 to 8 p.m.

## Registration Form



Name of Child: \_\_\_\_\_

Age of Child: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Where may parent be reached in case of an emergency?

Cell: \_\_\_\_\_

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

Please list any allergies: \_\_\_\_\_

\_\_\_\_\_