

VACATION BIBLE CAMP 2017 (PRINT ALL INFORMATION & RETURN TO CHURCH OFFICE BY MAY 22,17)



Name of Child #1: _____

Age of Child #1: _____

Grade Child #1 Just **COMPLETED**: _____

Name of Child #2: _____

Age of Child #2: _____

Grade Child #2 Just **COMPLETED**: _____

Parent/Guardian Name: _____

Parent Email Address: _____

Emergency Contact Number: _____

Allergies or special needs: _____

T-Shirt Size: Child: S M L XL (Circle) Child #1 | T-Shirt Size: Child: S M L XL (Circle) Child #2

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Name of Child #1: _____

Age of Child #1: _____

Grade Child #1 Just **COMPLETED**: _____

Name of Child #2: _____

Age of Child #2: _____

Grade Child #2 Just **COMPLETED**: _____

Parent/Guardian Name: _____

Parent Email Address: _____

Emergency Contact Number: _____

Allergies or special needs: _____

T-Shirt Size: Child: S M L XL (Circle) Child #1 | T-Shirt Size: Child: S M L XL (Circle) Child #2