



REGISTRATION FORM

(one form per family)

AUG 3RD-6TH
6:00PM-7:30PM

Name(s) and age(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: _____ Cell: _____

Home e-mail address: _____

Will parents be helping in other areas of VBX? _____ Where? _____

In case of emergency, contact: _____

Name and phone number

Allergies or other medical conditions: _____

Home church: _____

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