

HIGH SEAS EXPEDITION— VBS 2010

REGISTRATION FORM
VBS Dates: July 26-30, 2010



**EXPLORING THE
MIGHTY LOVE
OF GOD**

NAME: _____

ADDRESS: _____

PHONE #: _____

BIRTHDATE: _____ GRADE (as of 7/1/09): _____

MEDICATIONS: _____

MEDICAL CONDITIONS: _____

ALLERGIES (medication/food/seasonal/other): _____

T-SHIRT SIZE (S-M-L-XL-2X): Child: _____ Adult: _____

PARENT/GUARDIAN INFORMATION:

NAME: _____

DURING VBS, I can be reached at the following phone number: _____

ALTERNATE EMERGENCY CONTACT NAME and PHONE # (indicate relationship):

AUTHORIZED INDIVIDUALS (other than parent/guardian) TO PICK-UP CHILD:
