

VBS Registration Form

August 23-27 9AM-NOON

Name: _____

Street address: _____

City: _____ State: _____

ZIP _____ Home Phone: (____) _____

Cell Phone: (____) _____

Home e-mail address: _____

Age: _____ Date of birth: _____

Last school grade completed: _____

In case of emergency, contact: _____

Emergency contact phone: (____) _____

Parent(s) Name(s): _____

Other: _____

Allergies or other medical conditions _____

Home church: _____

Crew number (for church use only): _____

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

Please include payment with registration. Register by June 13th: student \$20, family limit for multiple students from one family \$35. After June 13th add \$5. Make checks out to BBPC.

***** Special discount Extended to June 27!**