

~ VBS 2019 REGISTRATION FORM ~
SUNDAY, JULY 28 - THURSDAY, AUGUST 1

Child's Name: _____

Street Address: _____

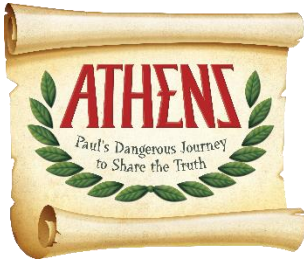
City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

Child's Age: _____ **Date of birth:** _____ **School grade finished this spring:** _____

Adult(s) who'll be attending VBS with child:

Allergies or other medical conditions: _____



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