



# REGISTRATION FORM

(one form per family)



Name(s),  
age(s) & gender: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Number of family members participating in Athens VBS \_\_\_\_\_

Will parents be helping in any other areas of Athens VBS? \_\_\_\_\_ Where? \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_  
Name and phone number

Allergies or other medical conditions: \_\_\_\_\_  
\_\_\_\_\_

Home church: \_\_\_\_\_

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

Oikos name (for church use only): \_\_\_\_\_