



# Lamb of God Lutheran Church Family Bible Adventure (VBS) Participant Registration Form

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone or cell: \_\_\_\_\_ email: \_\_\_\_\_

Previous Participant? \_\_\_\_\_

### **In case of emergency**

Emergency Contact: \_\_\_\_\_

\_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Allergies or Medical Condition: \_\_\_\_\_

\_\_\_\_\_

Signature (Participant or Guardian): \_\_\_\_\_

Guardian Name and Phone: \_\_\_\_\_

### **Rome VBS**

**August 16-18<sup>th</sup>**

Lamb of God Lutheran Church

12509 27<sup>th</sup> Ave NE

Seattle, WA 98125

info@lambogodseattle.org

(206) 363-0110