



St. Paul's Lutheran Church

VBS 2019 Registration Form

Camper Name _____

Home Address _____

City _____ State _____

Zip Code _____

Does Camper attend church? _____

If so, where? _____

Birth Date _____ **Gender** _____

Age _____ Grade Completed by 6/7/19 _____

T-Shirt Size (Circle one) Youth or Adult
(Circle one) S M L XL

Please print clearly in ink and use a separate form for each camper. This form must be filled out by parents/guardians of minors.

Parent or Guardian Name(s) _____

Phone numbers where you can be reached during the day (please circle best number to call) Home # _____
Work # _____

Cell # _____

Home Address (if different than camper address) _____

email address _____

Emergency Contact (other than above) _____

Daytime Phone _____ Relationship to Camper _____

Is camper covered by medical/hospital insurance? Yes _____ No _____

If yes, please indicate carrier plan or name _____

Group Number _____

Parent/Guardian Authorization:

I give St. Paul's Lutheran Church permission to publish photography/video of myself/my child taken at VBS. No names will be used.

Signature of parent/guardian _____

Date _____