

St. Paul's Lutheran Church VBS 2021 Registration Form

Camper Name _____

Birth Date _____ Gender _____

Home Address _____

Age _____ Grade Completed by 7/19/21 _____

City _____ State _____

Zip Code _____

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

Does Camper attend church? _____

If so, where? _____

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 # _____

Emergency Contact (other than above) _____

Daytime Phone _____ Relationship to Camper _____

Allergies, medical conditions or special needs _____

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. Please Initial _____

Signature of parent/guardian _____

Date _____
