



Bethel Baptist Church

Vacation Bible School—2019



Family Name: _____

Parents/Guardian: _____ / _____

Address _____

City / Zip _____

Phone: _____ Cell: _____

Email: _____

Children:

1. Name _____ DOB ___ / ___ / ___ *GC _____

Medical Info: _____

T-Shirt Size: Child: S M L Adult: S M L XL XXL
Circle One

2. Name _____ DOB ___ / ___ / ___ *GC _____

Medical Info: _____

T-Shirt Size: Child: S M L Adult: S M L XL XXL
Circle One

3. Name _____ DOB ___ / ___ / ___ *GC _____

Medical Info: _____

T-Shirt Size: Child: S M L Adult: S M L XL XXL
Circle One

4. Name _____ DOB ___ / ___ / ___ *GC _____

Medical Info: _____

T-Shirt Size: Child: S M L Adult: S M L XL XXL
Circle One

(Use back for additional children)

[*GC=Grade Completed]