



Vacation Bible School 2025 REGISTRATION FORM



Monday, July 7th- Friday, July 11th, 2025 (5:00 PM - 8:00 PM)

Parent/Guardian Name(s)		_
Address	Zip Code	_
Phone Number 1:	Phone number 2:	_
Email:		_
EMMERGENCY CONTACT -((other than the contact listed above)	
Emergency Contact Name:	Emergency Contact Phone:	-
PARTICIPANT #1		
First Name:	Last Name:	
Age:	Grade in September	
PARTICIPANT #2		
First Name:	Last Name:	
Age:	Grade in September	
PARTICIPANT #3		
First Name:	Last Name:	
Age:	Grade in September	
PARTICIPANT #4		
First Name:	Last Name:	
Age:	Grade in September	

LIMITED TRANSPORTATION IS AVAILABLE WITHIN 2 MILES. SEE BACK OF FORM.





Vacation Bible School



TRANSPORTATION FORM

PLEASE READ:

- LIMITED TRANSPORTATION IS AVAILABLE WITHIN 2 MILES OF THE CHURCH.
- TRANSPORTATION IS ALSO ON A FIRST COME FIRST SERVE BASIS.
- IF YOU NEED TRANSPORTATION. REGISTER ASAP TO SECURE YOUR SPOT.

House Number: Street Name: Name of Contact: Telephone number: NUMBER OF PARTICIAPANTS TO BE PICKED UP: DROP OFF LOCATION (if different from above) House Number: Street Name: Name of Contact:

Telephone Number:_____





Vacation Bible School VOLUNTEER FORM



Monday, July 7th- Friday, July 11th, 2025 (5:00 PM - 8:00 PM)

Volunteer Name_		-
Address	Zip Code	_
Phone Number:		-
Email:		_
Home Church/Group/Organization		_
I will like to assist with:		
Food preparation & serving	Recreation	
Arts & Crafts	Bible Story-Time	
Transportation	Music	
Registration	Science & Discovery	
Small group leader	Other	
Church Use Only:		
Volunteer Area Assigned:		
Van? Yes No How many?		