

2017 VBS

Registration Form



Name(s): _____
Birthdate(s): _____
Street Address: _____
City, Zip: _____
Primary Phone: _____
Cell Phone: _____
Parent(s) or Legal Guardian: _____
In Case of Emergency Call: _____
Emergency Contact Number: _____
Allergies or Other Medical Conditions: _____

Last grade completed: _____
Do you have a home church? Yes or No
If yes, what is name of your church _____
T-shirts available for \$10 (Make cks payable to FBC) Size _____

**Please complete the form and return it to your
AWANA leader, place it in the offering plate
or return it to the Church Office.**

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June 4th - 8th

VBS

**Sunday, June 4th-
Thursday, June 8th
6-8:30 PM**



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