



Vacation Bible Camp Registration Form Holy Cross Lutheran Church August 1 - 5, 2016

- Please complete one form for each child.
- Space is limited to the first 60 children registered.
- Registration ends July 15, 2016

Child's First Name _____ Child's Last Name _____ Gender _____

Parent's First Name _____ Parent's Last Name _____

Date of Birth _____ Last Grade Completed _____ Age as of 8-1-2016 _____

Phone 1 _____ Phone 2 _____ Email address _____

Address _____

City _____ State _____ Zip Code _____

Allergies / Medical _____

Emergency Contact (name) _____ (phone) _____ (relationship) _____

Alternate Pickup1 _____ Relationship _____

Alternate Pickup 2 _____ Relationship _____

SPECIAL REQUESTS: (grouping considerations, etc.)

Adult Volunteer: Name _____

Available: ___ sorry, not available ___ Mon., Aug. 1 ___ Wed., Aug. 3 ___ Fri, Aug. 5
___ available all week ___ Tues., Aug 2 ___ Thurs., Aug. 4

Student Volunteer: Name _____ Age _____

Available: ___ Mon., Aug. 1 ___ Tues. Aug. 2 ___ Wed., Aug. 3 ___ Thurs., Aug. 4 ___ Fri, Aug. 5