

Tabernacle VBS June 5 – 9, 2017
9:00AM – 11:30AM

Parent(s) name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

Okay to text VBS information: Yes / No

Children attending VBS (please list names, school grade completed, allergies and/or medical conditions)

1. _____

2. _____

3. _____

4. _____

5. _____

Name of person who will bring children to VBS, if other than parent _____

Relation _____

Emergency Contact (include name and phone number):

