High Seas Expedition

Parent Name(s): _____

_____

Will parent(s) be helping in VBS? _____

(Please use one registration form per family)

Attendee Last Name(s):	First Name(s):	Age(s):	Allergies or Medical Info:

Additional information:

_____

Name of a special friend attendee(s) might like to be in a group with: _____

Is anyone other than parent who signs in child permitted to pickup child? (specify) _____

Street address: _____ City: _____ State: _____ Zip: _____

Home telephone: _____ Cell telephone: _____ Email address: _____

Home church: _____ How did you learn about this VBS? _____

Emergency Contact Information:

Name: _____ Relationship to attendee(s): _____

Contact number: _____ ☐ Home ☐ Cell ☐ Other (specify): _____

Alternate number: _____ ☐ Home ☐ Cell ☐ Other (specify): _____