

Epiphany Lutheran Church/Good Shepherd Lutheran Church/ Lutheran Church of the Covenant
Vacation Bible School Registration 2010

Name of participant _____ Gender _____

Adult or Child _____

If child:

Age _____ Grade: _____

Home address _____

Phone Number _____

Email _____

Parent/ Guardian Names and Phone Numbers _____

Emergency Contact Name and Number(not parent or guardian) _____

Medical Conditions/ Allergies / Special Needs _____

Names of Other Family Members Attending _____