



ST. PAUL'S
LUTHERAN CHURCH

Vacation Bible School (VBS) - August 14 - 18, 2017

Hero Central Adventure

Registration Form

Please complete one form for each VBS camper or register online at www.stpaulslutherville.org.

VBS Camper's

Name: _____

Address: _____

Date of Birth: _____ Age/Grade completed: _____

Parent/Guardian's

Name: _____

Address: _____

Phone: Home _____ Cell _____

Email: _____

Emergency Contact:

Name: _____ Phone: _____

Special Needs / Allergies of Camper:

Person Responsible for Pickup after VBS:

Name: _____ Phone: _____

Relationship to child: _____

Do you agree to allow photos of your child to be used in church presentation or church promotional materials?

Yes No

Yes, I am interested in volunteering. Please contact me. I am interested in helping with
