

Registration Form

Theme: _____ When: _____

Where: _____ Cost: _____

Registration deadline: _____

I would like to register the following individuals for this year's Catholic Vacation Bible School.

Children (ages 4-12)

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Junior Helpers (ages 12+)

Name _____ Age _____

Name _____ Age _____

Adult Volunteers

Name _____

Name _____

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> I can act as group leader. | <input type="checkbox"/> I can set up the meeting space. |
| <input type="checkbox"/> I can gather donations and supplies. | <input type="checkbox"/> I can prepare materials and supplies. |
| <input type="checkbox"/> I can prepare snacks. | <input type="checkbox"/> I can take down the meeting space. |

Address _____

Contact number and/or email _____

Emergency telephone, number _____

Insurance company _____

Policy # _____

List allergic reactions or medical concerns/medications (Use the back of this sheet if needed.)

What else would you like to tell us regarding your children? (Use the back of this sheet if needed.)

Signed _____ Date _____