

“Team up with Jesus”

CHRIST THE KING LUTHERAN CHURCH
VBS Registration Form
June 23rd, 24th, 25th from 6:30 p.m. to 8:30 p.m.

Name: _____

Age: ____ Grade Completed: ____

Parents/Custodian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Alternate Phone: (____) _____

Emergency Contact: _____ Phone: (____) _____

E:mail

Address: _____

Food

Allergies: _____

Medical

Concerns: _____

Siblings Attending VBS (Names & Ages)

Church

Affiliation/Membership: _____

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