

VBS PARTICIPANT REGISTRATION FORM

Mount Calvary Lutheran Church

June 17-21, 2019 (9:30am-12:00pm)

Online registration available at MTCSA.org/signup



Participant's Full Name: _____ Age: _____

DOB: ____/____/____ Grade Completing: _____ Gender [check one]: Male Female

Allergies or medical conditions: _____

Name of a special friend your child might like to be with: _____

Participant's Full Name: _____ Age: _____

DOB: ____/____/____ Grade Completing: _____ Gender [check one]: Male Female

Allergies or medical conditions: _____

Name of a special friend your child might like to be with: _____

Participant's Full Name: _____ Age: _____

DOB: ____/____/____ Grade Completing: _____ Gender [check one]: Male Female

Allergies or medical conditions: _____

Name of a special friend your child might like to be with: _____

Parent/Guardian Name(s): _____

Email Address: _____

Street Address: _____

City: _____ Zip: _____

Contact Phone (Primary): _____ Contact Phone (Secondary): _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Relationship to Participant: _____

Alternate Pickup Name: _____ Phone: _____

Alternate Pickup Name: _____ Phone: _____

Additional Comments: _____