



REGISTRATION FORM

For 'Crocodile Rock' VBS
August 17-21, 2009
(one form per child)

\$50.00 one child
\$80.00 for two children
\$100.00 for three children

Child's name: _____ Nickname _____

Child's age: _____ Date of Birth: _____ Last school grade completed: _____

Name of parent: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home telephone: _____ Cell phone: _____

In case of emergency, contact: _____

Relationship to child: _____

Allergies or other medical conditions: _____

Food Allergies: _____

Permission for Photographs - I hereby authorize and give my consent for the taking of pictures (moving or still) of _____ and further give my permission for their reproduction for:

- Power point used during VBS Yes _____ No _____
- Promotional purposes (in-house ONLY) Yes _____ No _____

Signature

Date

Relationship