



Rolling River Rampage VBS Registration

July 15 - 19, 2018

Return to Sue Cole:

scole@humc.us

Students Name _____

Parent/Family/Guardian Name _____

Address _____

Email Address _____

Phone Numbers Home _____ Cell _____ Work _____

Age Information Date of birth _____ Age _____

Last school grade completed _____

Home Church _____

Special Needs/Allergies/Medical Information/Other _____

Emergency Contacts: Name _____ Phone _____

Name _____ Phone _____

Dismissal Information: Name(s) of person(s) who may pick up this child from VBS

May we have permission to photograph your child? YES___ NO___

May we have permission to use your child's photograph in church publications for the purpose of promotion? YES___ NO___

T-Shirt size (Youth S___ M___ L___ XL___) (Adult S___ M___ L___) \$5.00 each

(Office Use Only) _____