

# Registration Form

First Baptist Church VBS 2007

Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Completed \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

Parent's Name/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Special Needs/Allergies \_\_\_\_\_

\_\_\_\_\_

