



Colossal Coaster World VBS
Registration

Gospel Tabernacle
June 17 – 21
6:00 – 8:30

Child's Name: _____

Parent / Guardian's Name: _____

Address: _____

City, State, Zip: _____

Home Phone # _____ Parent Cell #: _____

Date of Birth: ___/___/___ Age: _____

Last Grade Completed: _____ Email: _____

Food or other allergies: _____

Medical Conditions: _____

Home Church: _____

Emergency Contact (Other than listed above)

Name: _____

Phone #: _____

Relationship to Child: _____

Person Responsible for Picking Up child at End of VBS:

Name: _____ Phone #: _____

Signature of Parent/ Guardian: _____

Other Information:

May we have permission to photograph your child? Yes No

May we have permission to use your child's photograph for the purpose of promotion? Yes No