

Gospel Tabernacle

742 E. Main St. – Laurens, SC 29360 – (864) 984-2217 www.gospeltabernalcechurch.com

Kids Camp Registration

Sunday – Wednesday, June 9-12 6:00 - 8:20 pm

Child's Name:			
Parent/Guardian Name:			
Address:			
City:	State:	Zip:	
Phone #:	Parent Cell # _		
Date of Birth:/	_/	Age:	
Last Grade Completed:	Email:		·····
Van Transportation: Yes No (Please	circle)		
Allergies/Medical Information/Other:			
Emergency Co	ntact (Other than liste	d above):	
Name:			
Phone:	Relationship to Child:		
Person Responsibl	e for Picking up child a	t End of VBS:	
Name:	Phone #:		
C	Other Information:		
May we have permission to photograph	your child? Yes	No 🗌	
May we have permission to use your child's	s photograph for the pur	pose of promotion?	Yes No