

Splash Canyon VBS Registration Form

August 5th-9th, 2018 6:00-8:30p.m.
Church of St. Luke, Clearwater, MN

AGE 4 TO 6TH GRADE



ONE FORM NEEDED FOR EACH PARTICIPANT

Name _____ Birthdate _____ Gender _____ Age _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Parent(s) name(s) _____

Parent Cell Phone (_____) _____

E-mail _____

In case of emergency & I can't be reached, contact _____

Phone _____

Allergies or other Medical Conditions we should know about _____

School grade your child is entering this fall _____

Name of home parish _____

I hereby GRANT permission for my child _____ (name)

to attend Splash Canyon VBS at the Church of St. Luke on August 5-9, 2018.

I hereby GRANT DO NOT GRANT (please circle one) permission for St. Luke

to use the image of my child at VBS on St. Luke publications, either printed or electronic.

Parent/ Guardian print name _____

Parent/Guardian signature _____ Date _____