



Galactic Blast VBS Registration
July 26-30, 2010- Drew United Methodist Church

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____

Cell Phone: _____

eMail Address: _____

Age Information

Date of Birth: _____ Age: _____

Last school grade completed: _____

Home Church: _____

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 (ID may be required)

Other Information (church use only)

Cadet group _____