



REGISTRATION FORM

JULY 13 — 17, 2009
6:00 PM — 8:30 PM

Name _____

Date of Birth _____ Grade Completed _____ Age _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Do you plan on bringing a friend? Yes No If yes, please have them fill out a registration form.

Emergency Contact Name and Number _____

Special Needs/Allergies _____

Do you have a BIBLE? Yes No If you do, please remember to take it to VBS!



“Backstage Groupie” Number _____
(to be completed by the church)

****Please complete and mail by JUNE 28 to:**

Shalom Christian Reformed Church
Attn: VBS
4100 S. Southeastern Ave
Sioux Falls, SD 57103
605-371-1597