



2009 VBS Registration Form

(Complete one form per child.)

Return completed form to:

Christ the King Lutheran Church VBS

10285 Ravenna Road

Twinsburg OH 44087

Name: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____

Cell Phone(s): _____

Home e-mail address: _____

Date of Birth: _____

Last school grade completed: _____

Mother: _____ Dad: _____

In case of emergency contact: _____

Allergies: _____

Home Church: _____

Name of a special friend you might like to be with:

Cost: \$10.00 per child, additional siblings \$5.00

Payable on the first morning of VBS