



REGISTRATION FORM

One per Child PACC VBS **July 24-28, 2017** (5:30pm to 8:30pm • Dinner 4:45pm-5:15pm)

Child's Name: _____

Child's Age: _____ Date of Birth: _____ Last Grade Completed: _____

Name of Parent(s): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: (____) _____ Cell Phone: (____) _____ Cell Phone: (____) _____

In Case of Emergency, contact: _____

Relationship to Child: _____ Phone: _____
 (must be available for contact during VBS time- 5:30-8:30 PM)



Allergies and/ or other medical conditions: _____

Home Church: _____

Group mate(s) Request(s): _____

T-Shirt Size (Check one): Kids S M L § **VBS 2017 CD – Free** (one per family)

Adults: S M L XL XXL XXXL § (Donated in Memory of Stacey Gavroian)

Cost: \$6 (Make checks payable to PACC- VBS)

PAID (for church use only): \$ _____ CASH OR CK # _____

Dinner Reservations (Circle all that apply): Monday Tuesday Wednesday Thursday Friday

Cost: \$5/person per night) • \$20 maximum/ family per night: \$20 • \$100/family per week

PAID (for church use only): \$ _____ CASH OR CK # _____

Return completed form(s) to PACC office or email: vbs@pilgrimchurch.com

For Church Use Only: _____

