



Aldersgate UMC  
Vacation Bible School 2010  
August 2-6  
Registration Form (one per child)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

School grade going into: \_\_\_\_\_

Mother: \_\_\_\_\_ cell # \_\_\_\_\_

Father: \_\_\_\_\_ cell # \_\_\_\_\_

Other: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Need bus transportation? \_\_\_\_\_ Home church \_\_\_\_\_

Name of a friend you might like to be with: \_\_\_\_\_

Crew number (for church use only): \_\_\_\_\_