

Smith Valley United Methodist Church

Campout 2018 VBS

Registration Form

(one per family)

Parent's Name _____

Phone Number _____

Email Address _____

Child's Name

Age

Allergies, Medical Needs, Other Concerns

Adult(s) Picking Up Child(ren) Each Day (list all possibilities):

Emergency Contact (people available during the days and times of VBS)

Name and Phone Number

1. _____

2. _____

3. _____