



Ashford United Methodist Church VBS Registration Form

June 21-25, 2010 9:30 am – 12:00 pm

(Closing Assembly Friday June 25th, 7pm)

Name: _____ Birthday: _____

Street address: _____

City: _____ State: _____ Zip: _____

Home phone: (_____) Cell phone: (_____)

E-mail: _____

Parent(s) name(s): _____

Parent(s) work phone(s): _____

In case of emergency, contact:

Name: _____ Phone: _____

Allergies or other medical conditions: _____

School grade just completed: _____

Name of home church, if any: _____

T-Shirt size: (circle one) CHS, CHM, CHL, CHXL, AS, AM, AL, AXL

Will child be picked up by someone other than parent? Yes ___ No ___

If yes, by whom: Name: _____ Phone: _____

Cost: \$15.00 per child, \$30.00 per family.

Payment: Check no.: _____ Cash: _____ Amount: _____

(Please fill out one form per child)

Office Information:

Assigned Group: _____