



VBS: Camp Edge Registration Form

August 10-14, 2009 5:30-8:30pm

T-SHIRT SIZE

Child's Name _____ **Child** (sm) (med) (lrg) **Adult** (sm) (med) (lrg) (xlrg)

Child's Name _____ **Child** (sm) (med) (lrg) **Adult** (sm) (med) (lrg) (xlrg)

Child's Name _____ **Child** (sm) (med) (lrg) **Adult** (sm) (med) (lrg) (xlrg)

Child's Name _____ **Child** (sm) (med) (lrg) **Adult** (sm) (med) (lrg) (xlrg)

Child's Name _____ **Child** (sm) (med) (lrg) **Adult** (sm) (med) (lrg) (xlrg)

Parent / Guardian _____

Address _____

City _____ Zip _____

Phone _____ Cell Phone: _____

Email _____

School Age Kids: Grade COMPLETED in June 2009 _____

Preschool Children must be 3 by September 30, 2009, please mark their age currently: _____

Allergies (Please circle one) YES NO If YES Type of Allergy _____

Contact in case we are unable to reach you: _____

Phone _____ Relationship to child _____

Medical information we should be aware of: _____

Cost of VBS: -\$30.00 per child (including a family dinner) and \$75.00 total per family

-Early Bird Special if you register by June 7th, 09: Save \$5.00 per child

-If a parent or grandparents volunteers for the entire week of VBS 1 child is free

Owe: _____ (checks can be written to WUMC with VBS in memo)

How many will be attending dinner each night from your family: _____