



**DISCOVERY
CANYON**
*Explore the Wonders
of the Word!*

REGISTRATION, VBS 2009

JULY 27- JULY 31, 2009

Morning Session (9:30 AM – 12 noon)

Evening Session (6 PM – 8:30 PM)

Last Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

Parent(s) Name(s) _____

In case of emergency, contact _____

Name of home church, if any _____

Are you willing to help? () Yes () No

Child's Name _____

Birth Date _____ School grade just completed _____

Allergies or other medical conditions _____

Child's Name _____

Birth Date _____ School grade just completed _____

Allergies or other medical conditions _____

COST: \$10 per child; if you pay by check please make check out to St. Thomas Lutheran Church and put 2009 VBS on the memo line. Thank you.

I grant my permission to St. Thomas Lutheran Church of Brick, NJ to use the image of my child in slide shows, video presentations, the church's internet web site, television, newspapers, and other publications. No name would appear with the image.

Signature _____ Date _____

