



Participant Registration—One per child

Sunday, June 11th–15th, 6:00pm–8:30pm

Free!

(Please fill out ALL fields below)

First Name _____

Gender M / F (Circle)

Last Name _____

Age _____

Grade Entering (Circle) Pre-K (4-5's only) K 1 2 3 4 5

Parent/Guardian Name (s) _____

Contact Phone _____ Email _____

Home Address _____ City _____ Zip _____

Allergies? _____

Medical Conditions? _____

Emergency Contact Name _____

Emergency Contact Phone 1 _____ Contact Phone 2 _____

Are you able to volunteer? Y/N

(If yes, please visit the volunteer registration page at www.fishersumc.org/vbs)

Return Completed Form to Fishers UMC Front office or to the Children's Ministry Office

