V.B.S. REGISTRATION - MONDAY August 2nd-6th

CHILD'S NAME	**ONE PER CHILD** or VOLUNTEER	
⬆ CHILD'S LAST	⬆ FIRST	⬆ MIDDLE INT.

⬆ HOME PHONE	⬆ GRADE IN FALL	⬆ D.O.B.	⬆ M/F

PARENT/GUARDIAN

⬆ LAST NAME	⬆ FIRST NAME	⬆ HOME PHONE	⬆ CELL PHONE	⬆ WORK PHONE
⬆ LAST NAME	⬆ FIRST NAME	⬆ HOME PHONE	⬆ CELL PHONE	⬆ WORK PHONE

T-SHIRT SIZES
(included in VBS price)

SIZES (CIRCLE ONE)						
Y-S 6-8	Y-M 10-12	Y-L 14-16	A-S	A-M	A-L	other

Please fill out separate form for each participant AND volunteer

Participant ☐

Volunteer ☐

BELOW IS FOR STAFF USE ONLY

BALANCE SHEET STAFF USE ONLY

DATE	METHOD OF PAY	AMT. PAID	BAL. DUE
———-	———-	———	$25.00

Cornerstone Medical Release Form

Date Issued: _____

Date Received: _____

VOLUNTEER T-SHIRT BALANCE SHEET STAFF USE ONLY

DATE	METHOD OF PAY	AMT. PAID	BAL. DUE
———-	———-	———	$5.00