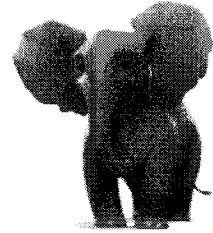




BAOBAB BLAST VBS
REGISTRATION FORM
SUN., JUNE 20TH TO THURS., JUNE 24TH
5:00 TO 8:30 P.M.



Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Cell Phone: _____

Child's Age: _____ Last School Grade Completed: _____

Home Congregation (if any): _____

In case of emergency (when the parent/guardian cannot be reached) please contact:

Name: _____

Telephone: _____

Relationship to child: _____

Please list any allergies (including food allergies) that the VBS Staff should be aware of:

Person responsible for picking up this child at the end of each VBS day: (if different than above Parent/Guardian):

Name: _____

Telephone: _____

Signature of Parent/Guardian: _____

Please fax or mail this form to:

Christ Lutheran Church, 5606 W. Lincoln Ave., Yakima, WA 98908

Fax No.: (509) 966-8734

Or drop it by the church office - thank you!

***Any additional questions, please call the church at (509) 966-1720
or Lori Murphy at (509) 895-9037.***