



REGISTRATION FORM

(one form per family)



Name(s),
age(s) & gender: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: _____ Cell phone: _____

Home e-mail address: _____

Number of family members participating in Athens VBS _____

Will parents be helping in any other areas of Athens VBS? _____ Where? _____

In case of emergency, contact: _____
Name and phone number

Allergies or other medical conditions: _____

Home church: _____

Name of a special friend your child might like to be with: _____

Oikos name (for church use only): _____