



SPLASH CANYON CHILD REGISTRATION FORM

NAME: _____

PARENTS: _____

ADDRESS: _____

PHONE: _____ **GRADE:** _____ **AGE:** _____

ALLERGIES: _____

CHURCH HOME: _____

ABLE TO ATTEND: ___ **ALL THREE DAYS - JULY 16, 18 & 20, 2018**

 ___ **JUST TWO DAYS - CIRCLE THEM PLEASE**

JULY 16 JULY 18 JULY 20

 ___ **JUST ONE DAY - CIRCLE PLEASE**

JULY 16 JULY 18 JULY 20

**IF YOU ARE UNABLE TO PICK UP, PLEASE NAME A PERSON WHO WILL
HAVE PERMISSION TO BE PICKING UP MY CHILD OR GRANDCHILDREN:**

CONTACT NUMBER: _____

**ST PAUL EVANGELICAL LUTHERAN CHURCH VBS IS FROM
6:30 P.M. TO 8 P.M.**

**PLEASE RETURN COMPLETED FORM FOR EACH CHILD TO
LISA ROBERTS. Her contact phone is: 219-680-6842.**

LOOKING FORWARD TO SPLASH CANYON!!!

God's Promise on Life's Wild Ride