



## ROME VBS REGISTRATION FORM

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home telephone: (\_\_\_\_) \_\_\_\_\_ Cell or Work (\_\_\_\_) \_\_\_\_\_

Home e-mail address \_\_\_\_\_ Age: \_\_\_\_\_

Mother or guardian's name: \_\_\_\_\_

Father or guardian's name: \_\_\_\_\_

In case of emergency, contact: (other than parent or guardian)  
\_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Child's Date of birth: \_\_\_\_\_

Last school grade completed: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

How did you hear about Vacation Bible School at Trinity? \_\_\_\_\_

Roman Family (for church use only): \_\_\_\_\_

**Groups Holy Land ADVENTURE®**