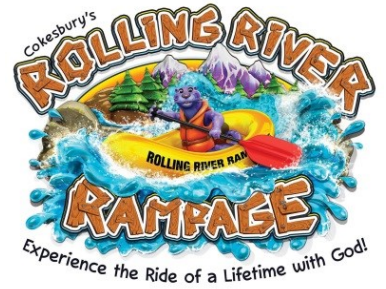


Rolling Rivers Rampage VBS Registration Form



Name: _____

Birth Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parents Name(s): _____

Parents Work Phone(s): _____

In Case Of Emergency Contact

Name: _____ Phone: _____

Allergies or Medical Conditions: _____

School Grade just completed: _____

Name of Home Church if any: _____

I hereby Grant Do Not Grant * Please Check one box

Permission to Park Forest Village United Methodist Church to use pictures of my child on their website and or Facebook page for information or promotional purposes (children will not be identified by name)

Signature of Parent or Legal Guardian

Date

Please return completed form to:

Park Forest Village United Methodist Church 1833 Park Forest Avenue,
State College PA 16803. Questions? Call Rose Park at 814-237-9330.

Please use one form per child, if you are in need of another form you may
copy this one or contact the church office at 814-238-2657.