



2009 Crossroads VACATION Bible School! Registration Form

Staff Use Only:	
Amount Paid:	_____
<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____
Date Paid:	_____

My family: Attends regularly Member Attends another church

Parent or Guardian Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Home Number: _____ Email: _____

Cell Number: _____ Work Number: _____

Spouse: _____

Cell Number: _____ Work Number: _____

Are you seeking a home church? Yes No Would you like more information about Crossroads? Yes No

If your child needs to be in class with a friend, they must be the same age or grade and they must check-in together on Monday morning. Names written on this form will not effect class placement.

Child's Name: _____ Male Female Age: _____

Brought by: _____ Date of Birth: _____ Grade Entering: _____

T-shirt size (check one): YXS (2-4) YS (6-8) YM (10-12) YL (14-16) Small Med LG XL

Medical information, food allergies, or special needs: _____

STAFF ONLY: Release Form: _____ Paid: _____ T-shirt received _____

Child's Name: _____ Male Female Age: _____

Brought by: _____ Date of Birth: _____ Grade Entering: _____

T-shirt size (check one): YXS (2-4) YS (6-8) YM (10-12) YL (14-16) Small Med LG XL

Medical information, food allergies, or special needs: _____

STAFF ONLY: Release Form: _____ Paid: _____ T-shirt received _____

Child's Name: _____ Male Female Age: _____

Brought by: _____ Date of Birth: _____ Grade Entering: _____

T-shirt size (check one): YXS (2-4) YS (6-8) YM (10-12) YL (14-16) Small Med LG XL

Medical information, food allergies, or special needs: _____

STAFF ONLY: Release Form: _____ Paid: _____ T-shirt received _____

PLEASE COMPLETE CROSSROADS' RELEASE FORM ON BACK

