

2019 VBS Children's Registration Form

JULY 10-12 / 6:00-8:15pm

Parent/Guardian Name: _____ Email: _____
 Address: _____ City _____ Zip: _____ Phone: _____
 Best contact number during VBS program: _____

NURSERY will be offered (Newborn-3 years old)

Parent/Guardian must remain on campus while child is in the Nursery. Please list names of children attending nursery:

Children's VBS: \$25 per child — Includes a VBS t-shirt and VBS CD (one per family).

******Early registration with payment deadline for VBS is May 31 to guarantee a CD and T-shirt in time******

1st Child (4 years old - 6th Grade)

Name: _____ Birthdate: _____ Grade Recently Completed: _____

Allergies/Medical Conditions: _____

Shirt Size: ___ Youth X-Small ___ Youth Small ___ Youth Medium ___ Youth Large ___ Youth X-Large
 ___ Adult Small ___ Adult Medium ___ Adult Large ___ Adult X-Large

2nd Child (4 years – 6th Grade)

Name: _____ Birthdate: _____ Grade Recently Completed: _____

Allergies/Medical Conditions: _____

Shirt Size: ___ Youth X-Small ___ Youth Small ___ Youth Medium ___ Youth Large ___ Youth X-Large
 ___ Adult Small ___ Adult Medium ___ Adult Large ___ Adult X-Large

3rd Child (4 years – 6th Grade)

Name: _____ Birthdate: _____ Grade Recently Completed: _____

Allergies/Medical Conditions: _____

Shirt Size: ___ Youth X-Small ___ Youth Small ___ Youth Medium ___ Youth Large ___ Youth X-Large
 ___ Adult Small ___ Adult Medium ___ Adult Large ___ Adult X-Large

List names of friends/relatives attending VBS: _____

OPTIONS BELOW are IN ADDITION to the 3-night VBS Program

Dinner at 5:00 each night/ \$5.00 per person: (circle nights wanted) **WEDNESDAY THURSDAY FRIDAY**

_____ total number of nights X _____ total number of people per night (\$5.00/person)
 = _____ total Dinner purchases

Private Pool Party at Hamilton Aquatic Center on Sunday, July 14, 6:30-8:30pm, 3838 S. Arizona Ave, Chandler, AZ 85248

_____ **\$10/per Family Pool Party Registrations** (Concessions will be closed, plan to bring picnic/snacks)

REGISTRATION PAYMENT TOTALS:

Children's Program _____ X \$25 ea = \$ _____ Additional VBS CD, qty = _____ X \$5 ea = \$ _____

Dinner total (\$5 X total Dinner purchases above) \$ _____ Sponsor a VBS Shirt, qty = _____ X \$10 ea = \$ _____

Private Pool Party _____ \$10/family

PAYMENT GRAND TOTAL: \$ _____

- Mail completed form to **King of Glory Lutheran, Attn VBS, 2085 E. Southern Ave, Tempe AZ 85282**
- Scan/Email completed form to Christine at christines@kogaz.org or Registration Director Kathy, kjconnors@cox.net
- Bring on Sunday morning to the KOG Welcome Center near the Sanctuary; MON-THURS 8am-4pm to the church office.

Send final payment by mail, or bring in person; please make checks out to "King of Glory Lutheran".

You can also pay with credit card online via the "Give" link at www.kogaz.org.

For Staff Use Only- VBS Payment Received: _____ VBS CD Given: _____ VBS T-shirt Given: _____