

2021



VBS 2021 Destination Dig Registration

Child's #1 Name:

Child's Age & Grade: _____ *Allergy/Medical issues (Food, etc):* _____

Child's #2 Name: _____

Child's Age & Grade: _____ *Allergy/Medical issues (Food, etc):* _____

Child's #3 Name:

Child's Age & Grade: _____ *Allergy/Medical issues (Food, etc):* _____

Child's #4 Name:

Child's Age & Grade: _____ *Allergy/Medical issues (Food, etc):* _____

Child(s) Address: _____

Child(s) City: _____

Parent Phone #: _____

Parent email: _____

Do you attend Sunday School and/or church: Yes or No

Does your child attend Sunday School and/or church: Yes or No

If so where do you/they attend: _____