



Rose of Sharon Baptist Church

VBS Participant Form

July 24 – 28

Name of Child

\_\_\_\_\_

Age of Participant \_\_\_\_\_

Grade most recently completed \_\_\_\_\_

Parent/Guardian contact; \_\_\_\_\_

Who will pick up the participant?

\_\_\_\_\_

Does the participant plan to attend each night?

If not, which days will he/she attend?

\_\_\_\_\_

Does your Child have any medical needs, allergies, etc.?

\_\_\_\_\_

\_\_\_\_\_

*Please give this form to Pastor Blake Flinchum*



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