



JUNE 13th –JUNE 17th REGISTRATION FORM

Name (s) and Age(s) _____

Street Address: _____

City _____ State: _____ Zip: _____

Home telephone: _____ Cell Phone: _____

Home e-mail: _____

Will parents be helping? _____

EMERGENCY CONTACT: _____

(Name and phone number other than parents)

Allergies or other medical conditions: _____

*Photo release; You have my permission to take and use pictures of my child during

the week of VBS: YES _____ NO _____

Home Church: _____

Name of special friend your child might like to be with: _____

Group NAME {FOR CHURCH USE ONLY}: _____



Return form to: Joyce Kloft

St. Ann Church

16550 290th Street

Long Grove, Iowa 52756

Phone: 563-285-4596 or Cell: 563-940-3685

E-mail: jkloft@stannslonggrove.org