



Let the good times ROAR!

July 8-12, 2019

6:00 - 8:30 pm at Crossroads Ministry Center 2095 West Fair Ave.

Color: _____

Crew: _____

VBS Early Registration: Form must be returned with payment on or before Sunday, June 16, 2019

A Partner Ministry of First United Methodist, St. Peter's Lutheran, Calvary Lutheran, First English Lutheran, Lutheran Church of Our Savior, St. Paul Lutheran, Sixth Ave. United Methodist and Maple St. United Methodist

Please pay a Registration Fee of \$10.00 (family max. \$25.00) to help defray the cost of VBS.

***Special Note:** the fee also includes our special FRIDAY Family VBS Fun Night Picnic Supper & Activities.

All VBS Families are invited to attend this NEW VBS Night.

Payable to First United Methodist Church or St. Peter's Lutheran Church.

Please contact your church VBS contact person if a scholarship is needed.

Participant First Name: _____ Participant Last Name: _____

Grade Completed June 2019

**Parents with young children are asked to sign-up to help with the Preschool VBS to ensure we have enough Adult helping hands to guide our youngest participants.*

___ 4 years old not yet in Preschool
(must be 4 years old by July, 8, 2019)

___ Preschool

___ Pre-K

___ Kindergarten

___ 1st Grade

___ 2nd Grade

___ 3rd Grade

___ 4th Grade

___ 5th Grade

___ 6th Grade

Date of Birth _____
Month/Day/Year

Included in VBS Registration Fee (\$10.00) is a ROAR! VBS T-Shirt during Early Registration only.

Please note: **You MUST register on or before June 16, 2019 to receive a T-Shirt.**

Select a size below:

___ Child Small

___ Child Medium

___ Child Large

___ Adult Small

___ Adult Medium

___ Adult Large

Parent/Guardian First & Last Name: _____

Parent/Guardian Address: _____
Street Address, City, State, Zipcode

Parent/Guardian Phone: _____ Additional Phone _____
with area code with area code

Parent/Guardian Email: _____

PLEASE COMPLETE THE BACK SIDE OF FORM:

Participant Allergies, Medical Information

If None please indicate NONE below.

Please note:

If your child HAS Food Allergies please provide snack items for each day that are safe for your child while at VBS.

Emergency Contact Name: _____

First and Last Name

Emergency Contact Phone Number: _____

Alternate Pickup Name and Phone Number: _____

I authorize my child named above to participate in VBS 2019. I agree that any photographs taken of my child at or during the event are the property of participating VBS partner churches and may be used as deemed appropriate. I authorize emergency treatment for this child if I cannot be reached.

Parent Signature-- _____

Do you have a friend you would like to be placed with?

List the name of the friend you would like to be placed with below. We will make every effort to meet these requests. However, please note **there is no guarantee that we will be able to place friends together.**

If you would you like to purchase a ROAR! Music CD or downloads please check-out the website: www.group.com and search for ROAR! music to place your order.

Please select your church affiliation below:

___ First United Methodist

___ Calvary Lutheran

___ First English Lutheran

___ Lutheran Church of Our Savior

___ St. Paul's Lutheran

___ St. Peter's Lutheran

___ Sixth Ave. United Methodist Church

___ Maple Street United Methodist Church

Other: _____

Office Use: **Early Registration form (prior to June 16, 2019)**

VBS Registration: ___ Paid ___ CASH ___ CHECK# ___ Scholarship

T-Shirt Size: ___ Child Small ___ Child Medium ___ Child Large ___ Adult Small ___ Adult Medium ___ Adult Large