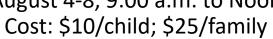


Registration Form

(one form per family) August 4-8, 9:00 a.m. to Noon





Checks made out to Temple Lutheran Church

Name	Birthdate / Age	Pronouns	
Parents names:			
Street Address:			
City:	State: Ziŗ	o:	
Home phone:	Cell phone:		
Email address:	_		
Will parents be helping in any other areas	s of VBS?:		
If so, days available: Mon Tues Weds	Thurs Fri Sun		
Home church:			
If possible, would lik	oossible, would like to be with (other friends)		
In case of emergency, contact Name	Relationship	Phone number	
Allergies or other medical con	ditions:		





Photo Release Form

Temple Lutheran Church 501 Brookline Blvd Havertown, PA 19083

Permission to Use Photograph Event: Vacation Bible School

Location: Temple Lutheran Church

I grant to Temple Lutheran Church, the right to take photographs of my child / children in connection with the above-identified event. I authorize Temple Lutheran Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Temple Lutheran Church may use such photographs of my family with or without our name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature	
Printed name	
Address	
Date	
Child/Children's names	