



Registration Form

(one form per family)

August 4-8, 9:00 a.m. to Noon

Cost: \$10/child; \$25/family

Checks made out to Temple Lutheran Church



Name	Birthdate / Age	Pronouns

Parents names: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email address: _____

Will parents be helping in any other areas of VBS?: _____

If so, days available: Mon Tues Weds Thurs Fri Sun _____

Home church: _____

If possible, _____ would like to be with (other friends) _____

In case of emergency, contact		
Name	Relationship	Phone number

Allergies or other medical conditions: _____



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 _____
