

First Lutheran Church VBS 2017



June 5th - 8th from 5:30 - 7:30 p.m.

Registration Form

Child's name: _____ Child's age: _____

Date of birth: _____ Grade going into this fall: _____

Name of parent(s)/guardian(s): _____

Street address: _____ City: _____

Home phone: _____ Home email: _____

Parent cell #: _____ Emergency contact: _____

Relationship to child: _____ Phone: _____

Allergies or other medical conditions: _____

I am interested in volunteering! Name: _____ Contact #: _____

A light lunch will be served to all children attending.

I am interested in information about membership at First Lutheran

Questions??? Please contact Terri at tmans@flcbemidji.org or 444-5302

Pre-register by May 22 to be entered into a drawing for a great prize!