

**Resurrection Evangelical Lutheran Church**  
**Vacation Bible School 2010: July 25, 26, 27, 28, 29**  
**(5:30 - 7:45pm nightly, with 4pm Cook-out/Kick-Off on Sunday July 25<sup>h</sup>)**  
**"ReNew: The Green VBS" Registration Form**

We will  will not  be able to join you for the cook-out/kick-off.

If so, # of attendees \_\_\_\_\_

*Please fill out one form for each child attending, including a payment of \$15 per child or \$25 maximum per family, and return a check made out to RELC: Resurrection Lutheran Evangelical Church, 6201 N. Washington Boulevard, Arlington, VA 22205, c/o Chris Dinan*

Child's Name: \_\_\_\_\_

T-Shirt Size:  x-small  small  medium  large

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home E-mail Address: \_\_\_\_\_

Child's Age (as of 7/10): \_\_\_\_\_ Last School Grade Completed (as of 7/10): \_\_\_\_\_

Home Congregation (if any): \_\_\_\_\_

**In case of emergency (when parent/guardian cannot be reached):**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Please list any allergies (including food allergies) our staff should be aware of:

\_\_\_\_\_

Other medical conditions or special circumstances our staff should be aware of:

\_\_\_\_\_

Additional individuals, other than Parent/Guardian noted above, authorized to pick this child up at the close of each VBS session:

Name (s): \_\_\_\_\_

Telephone Number (s): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

