

Roar! VBS – July 29 - August 1, 2019

Registration Form

(Please complete one form for each person attending)

Name _____ Birthdate _____

Address _____

Home phone _____ Cell phone _____

E-mail _____

Parent(s) name(s) _____

In case of emergency, contact _____

Allergies or other medical conditions _____

School grade just completed _____ Name of home church _____

We are eating dinner at OSLC at 5:30 How many in the family _____ Thanks, but we are not eating

Are parents staying for the 6-7:30 PM session – Yes No, thank you

I hereby grant do not grant (please choose one) permission for Our Savior's Lutheran Church

to use pictures of my child _____ (name of child)

on their website for informational or promotional purposes.

Parent/Legal Guardian _____ (print name)

Parent/Legal Guardian _____ (signature)

Please return completed form to Our Savior's Lutheran Church
359 Leonard Street N., West Salem, WI 54669
(608) 786-0030
www.oursaviorswestsalem.org