



VBS

July 22-26, 2019

REGISTRATION FORM

Name(s) and grade(s) child/children will begin in the Fall:

Street address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

E-mail address: _____

Home church: _____

Who will be picking-up your child? _____



In case of emergency, please contact: _____

Allergies or anything else you would like us to know about registrant(s): _____

Photo Release Agreement – Please sign if agreeable:

I grant the **Brookfield Congregational Church** the right to take videos or photographs of me and/or my family in connection with **Vacation Bible School 2019**. I authorize **Brookfield Congregational Church** to copyright, use, and publish the same in print and/or electronically. I agree that **Brookfield Congregational Church** may use such videos or photographs of me and/or my family with or without my 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 & Date: _____

Printed Name: _____

Family name (for church use only): _____

Spread the word!!! Tell your friends!!!