

PVBC presents



Sunday mornings from 9 AM – Noon
 Dates: July 16th, July 23rd, July 30th,
 August 6th, & August 13th

Special children sharing & family beach
 outing on August 20th



"Remember that the LORD is
 great and awesome!" Nehemiah 4:14b

Join us for singing, crafts, games, &
 teaching on God's amazing love!

PALOS VERDES BAPTIST CHURCH
 28 Moccasin Lane, Rolling Hills Estates
 Office: 310-541-1811 pvbc.com



Registration for Surf Shack at PVBC



Surf Shack is open to children from pre-k through entering 5th grade.

Return registration form to Janet Nozaki or to the PVBC office: 4010 Palos Verdes Drive North, #101, Rolling Hills Estates, CA 90274; For church site address, directions, and other information about PVBC, please go to pvbc.com or call 310-541-1811.

Parents' Names _____

Email address _____

Street Address _____

City, State, Zip Code _____

Day Phone _____

Evening Phone _____

Child's Name _____

Age _____

Birth date _____

Grade in Fall 2017 _____

Circle any dates this child will NOT attend: 7/16 7/23 7/30 8/6 8/13

Child's Name _____

Age _____

Birth date _____

Grade in Fall 2017 _____

Circle any dates this child will NOT attend: 7/16 7/23 7/30 8/6 8/13

Will you be able to join us on 8/20 for the beach outing? _____

Please indicate how many people _____

Do you attend a church? If so, which one? _____

How did you hear about "Surf Shack?" _____

Permission & Medical Release: I hereby give my permission for my child to attend PVBC's On Location Vacation Bible School. I hereby release Palos Verdes Baptist Church and its representatives from any and all liability that may be incurred by my child's participation in the camp. I hereby authorize those in charge to consent to and administer any medical aid necessary in case of emergency. I also give permission for the use of photographs in future PVBC promotional materials.

Allergies _____

Medication _____

Emergency Contact/Relationship _____

Emergency Phone _____

Name of Physician _____

Physician Phone _____

Health Insurance _____

Policy Number _____

Special needs or concerns: _____

Parent signature _____