

# 2018 Vacation Bible School Volunteer Registration

<b>Name</b>	<b>Cell phone#</b>
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<b>If under 18 years of age: Parent(s) or Legal Guardian's Last Name:</b>	<b>Mother</b>	<b>Father</b>
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<b>Mailing Address</b>	<b>City</b>	<b>State/Zip</b>
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<b>Email Address</b>
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*(Please print clearly. IMPORTANT: Trinity will use this address to communicate information regarding VBS to registered families before and during VBS.)*

<b>Emergency contact during hours of VBS</b>					<b>Relationship</b>	
	<i>Area Code</i>	<i>Phone Number</i>				

**Is it okay for us to take pictures and video of you?**  Yes  No

*(For use during VBS and may be used for publication in pictorial directories or on our website. Children will not be identified by name in any publications.)*

Home Church  Trinity Lutheran Other *(name and location)*

Pastor's Name \_\_\_\_\_

<b>Any Health/Medical/Developmental Concerns?</b> <i>(include allergies – use back of form if needed to supply more information)</i>
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Adult T-Shirt Sizes: *Small (AS) Medium (AM) Large (AL) Extra Large (AXL)*