



Liberty Baptist Church
1200 Madison Street, Lisbon, MD 21765
2017 VBS REGISTRATION FORM

June 26-30, 2017 9:00 am—Noon

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Phone numbers: Home _____ Cell/Work _____

E-mail: _____

Age Information

Age: _____

Birth date: _____

Last grade completed in school: _____

Medical Information:

Medical or other information we need to know (please include any food allergies)

Emergency Contact:

Name: _____

Phone Number _____

Name: _____

Phone Number _____

Who may pick up your child at the end of each VBS day? _____

Do you attend church? _____ If so, where? _____

If you are visiting our church, who are you a guest of? _____

May we have permission to photograph your child? Yes No

May we have permission to use your child's photograph for the purpose of promotion? Yes No

I would like to purchase a VBS Galactic Starveyors t-shirt for \$ 6.00. Size _____

Child Sizes: XS (2-4) SM (6-8) Med (10-12) Lg (14-16)

Adult Sizes: Sm (34-36) Med (38-40) Lg (42-44) XL (46-48) 2XL (50-52) 3XL (54-56)

Mail form to: Liberty Baptist Church
P.O. Box 9
Lisbon, MD 21765

or e-mail to: liberty_baptist@verizon.net