



# Registration Form

**17-21 JULY**  
6-8:30 pm

**Where:** Carolan Hall  
**Cost:** \$25/child

**Registration Deadline:**  
June 25, 2023

I would like to register the following individuals for this year's Catholic Vacation Bible School.

### Children (ages 5 - 11)

S M L XL

Name _____	Age _____	Shirt _____
Name _____	Age _____	Size _____
Name _____	Age _____	Size _____

### Junior Helpers (ages 12+)

S M L XL

Name _____	Age _____	Shirt _____
Name _____	Age _____	Size _____

### Adult Volunteers

Name \_\_\_\_\_  
Name \_\_\_\_\_

### Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> I can act as group leader.           | <input type="checkbox"/> I can set up the meeting space.       |
| <input type="checkbox"/> I can gather donations and supplies. | <input type="checkbox"/> I can prepare materials and supplies. |
| <input type="checkbox"/> I can prepare snacks.                | <input type="checkbox"/> I can take down the meeting space.    |
| <input type="checkbox"/> Other: _____                         |  |

Address: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Emergency Contact Name & Phone Number: \_\_\_\_\_

List allergic reactions or medical concerns/medications (Use back of sheet if needed.)  
\_\_\_\_\_

What else would you like to tell us regarding your children? (Use back of sheet if needed.)  
\_\_\_\_\_

Print Parent Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_