



Registration Form

(one form per family)

Name(s),
age(s) & gender: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: _____ Cell phone: _____

Home email address: _____

Number of family members participating in Jerusalem Marketplace VBS: _____

Will parents be helping in any other areas of Jerusalem Marketplace VBS? _____

Where? _____



In case of emergency, contact: _____

Name and phone number

Allergies or other medical conditions: _____

Home church: _____

Name of a special friend your child might like to be with: _____

Tribe name (for church use only): _____