



VBS 2009

Crossroads Community WMC

June 8-12, 2009

9:00 am- 12:15 pm

For Ages 5 thru 5th Grade

Child's Name _____

Address _____

City, State, & Zip Code _____

Phone Number _____

Date of Birth _____

Grade in School for Fall of 2009 _____

EMERGENCY CONTACT:

Name _____

Relation _____

Cell Phone Number _____

ALLERGIES / MEDICAL CONCERNS: (Please be Specific)

T-SHIRT SIZE: Please Circle

Child's XSmall

Child's Small

Child's Medium

Child's Large

Adult Small

Adult Medium

Adult Large

Adult XLarge

*****\$2000 Per Child, Maximum \$5000 Per Family *****

Paid _____ UnPaid _____

I am Willing to Help! (And I will Fill out the VOLUNTEER Form...Thanks)

Name _____

Phone # _____

Area of Interest: Snacks _____ Music _____ Crew Leader _____ Crafts _____ Anywhere _____ Decorations _____

****Preschool VBS Program Available for Children of Volunteers .