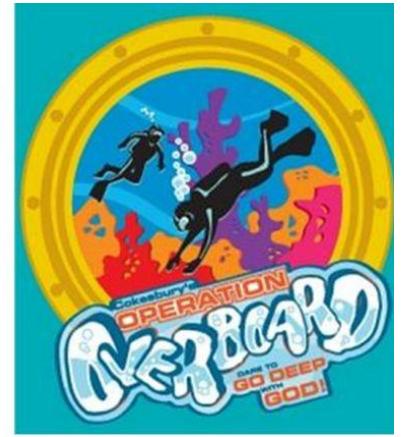


Registration form

Operation Overboard

VBS 2016

July 11-13
6-8 PM



Return to New Covenant UMC
5960 Hwy 5
Douglasville GA 30135
neume@newcovume.com

Child's name _____

Parent/Guardian name _____

Address _____

Email _____

Phone (home) _____ (cell) _____ (work) _____

Age Information

Date of birth _____ Age _____

Last school grade completed _____

Home Church _____

Allergies/Medical Information/Other

Emergency Contacts:

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information [Name(s) of persons who may pick up this child from VBS]

for church use only: Diver Group _____

Are parents helping with Operation Overboard VBS _____ if yes, where _____