



Vacation Bible School Registration Form

VBS will take place July 20th-24th from 6pm-8:30pm

Contestant's Name: _____

Age of Contestant: _____ Grade Going Into: _____

Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Email: _____

I prefer to be contacted by (circle one): PHONE EMAIL BOTH

Parent's Name: _____

Emergency Contact Number (different from above): _____

Are you a member of Bettendorf Presbyterian Church? YES NO

Are you interested in being a VBS volunteer? (because we could really use YOU!):

YES YES YES YES YES no

What personal things should we know about your child? *Please include any special needs, medications, allergies or concerns you might have.*

**Questions? Call Tiffany Horvath at 355-6494 or email her at
bpckids@hotmail.com**