



**"God's Incredible Insects"
VBS Nature Camp
REGISTRATION FORM**



July 18-22, 2011

Central Avenue Christian Reformed Church
259 Central Ave
Holland, MI 49423
616-396-6230 or info@centralavecrc.org

NAME(S)

AGE & GRADE ('11-'12)

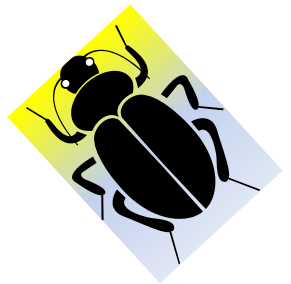
Address:

Street _____
City _____ **State** _____ **Zip** _____

Parent(s) _____ **Phone** _____

Emergency contact _____
Relationship to child(ren) _____ **Phone** _____

Child(ren)'s physician _____ **Phone** _____



ALLERGIES/MEDICAL CONDITIONS/HELPFUL INFORMATION:

The VBS staff will attempt to reach the parents/legal guardian and emergency contact listed. If no one listed can be reached, I hereby give my permission to the physician selected by VBS staff to secure proper treatment and/or hospitalization of my child(ren) listed above.

Parent/Guardian Signature _____ **Date:** _____

