

ROLLING RIVER RAMPAGE



AUMC 2018 Vacation Bible School Registration Form

Name (list all siblings attending)	Age	Last Grade Completed	Group (church use)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian Name _____ Working VBS?

Address _____

City _____ Zip _____

Phone Numbers: Home _____ Cell _____

E:mail Address: _____

Allergies/Medical Information/Other (specify which child if more than one listed above)

Emergency Contact
(if parent can not be reached) Name _____ Phone _____

Name(s) of person(s) who may pick up
kids from VBS (if other than parent) _____

How did you hear about our VBS?

- Member of AUMC Website Saw sign outside
 Received invite in mail My Friend _____
 Other _____

Mail to AUMC
5650 Senour Road
Indianapolis, IN 46259

OR

Call AUMC with info
317-862-2588

OR

Bring completed
registration form
to VBS