

**DATES & TIME**

**Sunday, July 24 – Thursday, July 28, 2016**

**6:00 p.m. – 8:30 p.m.**

**Registration Form**

(one form per family)

**Name(s), Age & Gender:**

**Street address:**

**City: State: Zip:**

**Home telephone: Cell phone:**

**Home email address:**

**Number of family members participating in Cave Quest VBS:**

**Will parents be helping in any other areas of Cave Quest VBS?**

**Where?**

**Home church:**

**Name of special friend your child might like to be with:**

**T-shirt size/# each: Youth - S M L Adult - S M L Fee: $10/child $20/family**

**(shirt size not guaranteed after July 8, 2016)**

**(church use only) Crew name: Paid: Cash/Check**

**In case of emergency, contact:**

**Allergies or other medical conditions:**