

# VBS Registration Form

**ADULT REGISTRATION:** Please provide a registration for each participating adult.

Name \_\_\_\_\_

Address \_\_\_\_\_  
*(street address, city, state, and zip code)*

Mailing Address *(if different)* \_\_\_\_\_  
*(street address, city, state, and zip code)*

## Contact Information

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

## Other Information

Do you attend Sunday School? If so where?

If you are visiting our church, who are you a guest of?

May we have permission to photograph you?  Yes  No

May we have permission to use your photograph for the purpose of promotion?  Yes  No

Would you be willing to submit to a criminal background check?  Yes  No