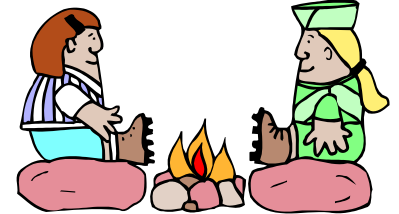


Gospel Light VBS



VBS 2010 Registration Form

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Church: _____ Member: Yes No

Child's Name: _____ Age: _____ School Grade: _____

Child's Name: _____ Age: _____ School Grade: _____

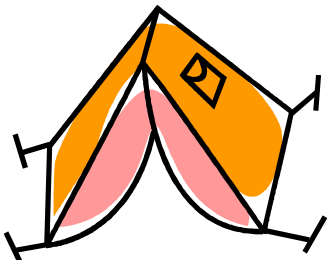
Child's Name: _____ Age: _____ School Grade: _____

Child's Name: _____ Age: _____ School Grade: _____

Allergies or other medical conditions: _____

Emergency Contact: _____

Phone: _____



Cost: \$20 per student Family Rate: \$50

Payable To: "St. Catherine of Genoa"

****Financial scholarships are available!***

Paid: _____