

One form per child, please



Pilgrim Lutheran Vacation Bible Camp

June 22nd — 26th from 9:30 AM — 12:30 PM



Child's name _____
Grade completed _____
Birthday _____ Age _____
Parents' names _____

Home address _____

Home phone _____ Alternate phone _____

Email address _____

Emergency contact _____ Relationship to student _____

Home phone _____ Alternate phone _____

Food allergies Y _____ N _____ List: _____

Medical concerns Y _____ N _____ List: _____

Family doctor _____ Doctor's phone: _____

Siblings attending VBS (names and ages) _____

Church affiliation _____ Church Membership at _____

People who may pick up child _____

Transportation needed? Y _____ N _____ Attendance 1 2 3 4 5

VBS leaders have permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with this VBS program.

Pilgrim Lutheran Church ♦ 5500 Massachusetts Ave. ♦ Bethesda, MD 20816
301-229-2800 ♦ office@pilgrimbethesda.org

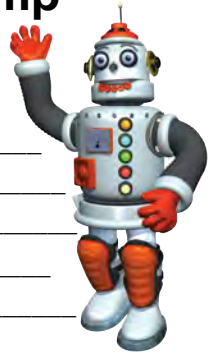
Parent's signature _____

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Parent's signature _____

From:



Join me at VBS!

Return to:

Pilgrim Lutheran Church
5500 Massachusetts Ave.
Bethesda, MD 20816-1933

From:



Join me at VBS!

Return to:

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Bethesda, MD 20816-1933