



2009 Operation Space VBS
Crossroads Bible Church
REGISTRATION FORM

(Each child needs their own form./Cada niño necesita su propio formato.)

Child's name/Nombre de niño Age or grade next fall/Edad o grado escolar en otoño

Parent or guardian name(s)/ Home phone # Cell or other #
Nombre(s) de padre(s) o guardián Número de teléfono de casa y celular

Address/Dirección City/Ciudad Zip Code/Zona Postal

Emergency contact if parent cannot be reached Emergency contact phone #
Contacto de emergencia Número de contacto de emergencia

ONE buddy I'd like to be with T-shirt size/Tamaño de camiseta
Un(a) amigo(a) con quien me gustaría estar (Youth/Joven XS S M L XL or Adult(o) S M L)

List all allergies or medical conditions/Lista de alergias o condiciones médicas

*****Please turn over for medical release/Vea al reverso para permiso medical*****

Office use only
Group _____
Paid _____ check # _____
Scholarship needed _____ awarded _____ amt. _____
t-shirt received _____