



VACATION BiBLE School

St. Pius X Catholic Church
June 26-30
8:30 am – 12:00pm

Registration Form

PARTICIPANT _____ (_____)
First Name Last Name Goes by

GENDER ___ female ___ male

AGE _____ GRADE LEAVING _____

PARENT NAME _____

ADDRESS _____

CONTACT PHONE #1 _____ CONTACT PHONE #2 _____

PARENT EMAIL _____

CITY _____ STATE _____ ZIP _____

ALLERGIES _____ MEDICAL _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

PHONE _____ ALTERNATIVE PHONE _____

PICK-UP _____ PHONE _____

ALTERNATIVE PICK-UP _____ PHONE _____

T-SHIRT SIZE CHILD ___XS___S___M___L
ADULT ___S___M___L___XL___XXL other___

Fee Schedule: \$ 25 1 family member
\$ 20 each additional family member

PAYABLE WHEN FORMS ARE SUBMITTED