



**2010 Vacation Bible School
Registration Form
August 1, 2, 3 ~ 5:30-7:30 PM**



Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Parent/Guardian Name(s): _____

Address: _____

Phone/Emergency #: _____

Our family will be attending Just the child(ren) will be attending

I/we would be willing to help serve at VBS ~ email: _____

We would be interested in more information about Luther Place Church

Food Allergies? _____

***Please return/mail this sheet by July 25 to:
Luther Place Memorial Church
attn: Krista Sickert-Bush
1226 Vermont Ave NW, Washington, DC 20005***