



VBS Registration Form

July 8-12, 2019

(Fee \$10 per child)

First Child Name: _____ Age: _____

Allergies or other medical conditions: _____

Second Child Name: _____ Age: _____

Allergies or other medical conditions: _____

In case of emergency, contact: _____ Relationship to child:

Street address: _____

City: _____ BC: _____

Home telephone: _____ Cell phone: _____

Home e-mail address: _____

Home church: _____

WESTMINSTER SDA CHURCH

7925 10th. Ave.

Burnaby, BC V3N 2S3

604-524-6969