

**Mont Vernon  
Congregational Church  
Vacation Bible Camp  
2017**



**Registration Form** (one per family)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell Telephone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parents/Guardian Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information:**

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_ I authorize you to photograph my child during church activities. Pictures may be used for MVCC bulletin boards, website, newsletter, brochures. Children will NOT be identified by name unless specific authorization is given.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail completed form to:  
Mont Vernon Congregational Church - 4 South Main Street - Mont Vernon, NH 03057**