



**St. Peter Catholic Church**  
**June 12-16**  
**9am- 12 pm**  
**School building**

## VBS Registration form

PARENT INFORMATION	
First Name:	Last Name:
Mailing Address:	Cell Phone:
City, State, Zip:	Home Phone:
Email address:	Work Phone:
Emergency Contact:	Cell Phone:
Relationship:	

PARTICIPANT INFORMATION	
First Name:	Last Name:
Goes by:	Date of Birth:
Grade Entering:	Shirt Size:
List any medical conditions, allergies, educational or behavioral needs we need to be aware of:	
Do you have friends you would like to be with? We will do our best to group friends together but we cannot promise all requests will be possible.	
Friend's First Name:	Last Name:
Friend's First Name:	Last Name:

PARTICIPANT INFORMATION	
First Name:	Last Name:
Goes by:	Date of Birth:
Grade Entering:	Shirt Size:
List any medical conditions, allergies, educational or behavioral needs we need to be aware of:	
Do you have friends you would like to be with? We will do our best to group friends together but we cannot promise all requests will be possible.	
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Friend's First Name:	Last Name:

PARTICIPANT INFORMATION	
<b>First Name:</b>	<b>Last Name:</b>
Goes by:	Date of Birth:
Grade Entering:	Shirt Size:
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PARTICIPANT INFORMATION	
<b>First Name:</b>	<b>Last Name:</b>
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Friend's First Name:	Last Name:
Friend's First Name:	Last Name:

**Registration fee:**  
*\$20 if registered by May 31*  
*\$30 if registered after May 31*

*You can make a check to St. Peter Catholic Church and mail it to the church office or  
you can give your payment to Marinella Davis after every 10:30 am Mass.  
Please write VBS on the memo line.*