



Crocodile Dock VBS

Monday August 3 – Friday August 7 9:00am – 12:15pm

Presented by Dearborn Free Methodist Church

2801 S. Telegraph, Dearborn, MI 48124

Phone: 313-561-8774 Fax: 313-561-8775

REGISTRATION FORM *(one per family)*

Child's Name: _____ Tee Shirt Size: _____ Age: _____

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Child's Name: _____ Tee Shirt Size: _____ Age: _____

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Child's Name: _____ Tee Shirt Size: _____ Age: _____

(Tee Shirt Sizes: S (6-8), M (10-12), L (14-16), Adult S, Adult M, Adult L, Adult XL)

Parents'/Guardians' Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: (____) _____ Cell Phone: (____) _____

In case of emergency, contact (Name/phone #): _____

Allergies or other medical conditions: _____

Home Church Name: _____ City _____

Number of family members attending the picnic on Friday August 7 at 12:15 pm _____

How did you hear about this VBS? Church Bulletin/Newsletter Postcard Invitation Friend/Neighbor
 Newspaper Cable Street Sign Other _____

Do all of your children have their own Bible? Yes No Who needs one? _____

Note: Photos will be taken at Crocodile Dock VBS

We look forward to seeing you!

(For church use only) _____