

# REGISTRATION CARD

(please complete a SEPARATE registration card for each child)

Child's Full Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Sex (circle): **Boy** **Girl** Age: \_\_\_\_\_ Grade (09-10): \_\_\_\_\_

Child's T-Shirt Size (circle one): **X-Small** **Small** **Medium** **Large** **X-Large**

Emergency Contact Person: \_\_\_\_\_

Cell #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Allergies/Important Medical Information (if none, please indicate): **None**  -or- *complete below*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VBS will be held July 2<sup>nd</sup> (Friday) & 3<sup>rd</sup> (Saturday), 2010 at St. Thomas Knanaya Church - Clifton, NJ

Does Your Child Need Overnight Accommodations To Attend VBS in NJ? (circle one): **No** **Yes**

**-\$5.00 Donation Requested Per Child -**

Please return this form to your church secretary by May 31<sup>st</sup>, 2010

For questions: Please contact Silvy Manimelathu (973) 546-3099 (only until June 20<sup>th</sup>) -or- Chinnu Panavelil (201) 724-9183

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