



Registration form

(one form per family)

	age(s) & gender:		
	Street address:		
	City:		
	Home telephone:	Cell phone	•
	Home email address:		
	Number of family members participating in Wilderness Escape VBS: Will parents be helping in any other areas of Wilderness Escape VBS?		
	Where?		
	In case of emergency, contact:	Name and phone no	umber
	Allergies or other medical conditions		
	Home church:		
	Name of a special friend your child m	ne of a special friend your child might like to be with:	
			The state of the s
	Tribe name (for church use only):		

Permission to photocopy this resource from Group's Wilderness Escape Holy Land Adventure granted for local church use. Copyright © 2014, 2020 Group Publishing, Inc., Loveland, CO. group.com/vbs