

# 2017 Family Vacation Bible School

Sunday, 7/30 - Thursday, 8/3

Trinity Lutheran Church 1205 6<sup>th</sup> Street  
5:30 p.m. - 8:00 p.m.



\*Buffet style dinner served Monday - Thursday at 5:30 p.m

Family's Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

*(I communicate VBS information through email so please include your email address.)*

Names of adults and high school youth that will be participating in Adult Bible Study:

\_\_\_\_\_

Name/ages of children that will be participating: (Age/Grade for upcoming school year)

Name \_\_\_\_\_

My child will attend: Nursery \_\_\_ Pre-K \_\_\_ K \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_

Name \_\_\_\_\_

My child will attend: Nursery \_\_\_ Pre-K \_\_\_ K \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_

Name \_\_\_\_\_

My child will attend: Nursery \_\_\_ Pre-K \_\_\_ K \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_

Name \_\_\_\_\_

My child will attend: Nursery \_\_\_ Pre-K \_\_\_ K \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_

Special Needs/Allergies \_\_\_\_\_

We are suggesting a donation of \$20/participant (\$50 max/family) to cover the cost of VBS materials.

For volunteer opportunities contact Kristin Miller [kkmiller@trinityhudson.org](mailto:kkmiller@trinityhudson.org)  
or go to [www.trinityxtremekid.org](http://www.trinityxtremekid.org) for more information.