



Prince of Peace VBS August 15th-19th, 2010

SonHarvest County Fair Registration

(one form per child please)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Child's Age _____ Date of Birth _____ Grade Attending in the Fall _____

Parent(s) name(s): _____

Parent(s) work phone: _____

In case of emergency, contact: _____

Allergies or other medical conditions: _____

Name of home church, if any: _____

The church has my permission to call for emergency help or perform medical assistance if needed:

_____yes _____no

\$5.00 registration fee per child due at time of registration _____

