

FOR VBR STAFF ONLY	Registration Amount Paid \$ _____ Donation \$ _____ Check # _____ \$15 per child or \$40 per family of 3 or more. Price includes t-shirt(s)
	Taken by _____ Date: _____ Volunteer _____

# St. Joseph's Vacation Bible Retreat Registration

(One Form Per Family)

## July 6 - 10, 2009

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Nos. (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_

Other adults authorized to pick up child: \_\_\_\_\_

What Church do you attend: \_\_\_\_\_

Completed by Staff	CHILD'S NAME (First & Last)	Name Tag should read	Age	Date of Birth	Grade Level in Fall	T-shirt size (S-M-L)	Allergy Concerns-elaborate on back

### VOLUNTEER AND DONATION INFORMATION: CAN YOU HELP US IN ANY OF THE FOLLOWING WAYS?

1. Volunteer your time during the retreat? Yes / No Days and times available \_\_\_\_\_

2. Area of interest: Nursery/ / Kitchen / Activity / Group / Music

3. Donation Please indicate by circling) Supplies Snack / \$

Name of Volunteer: \_\_\_\_\_ Adult / Youth (Age \_\_\_) T-Shirt Size\* \_\_\_\_\_

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\*Please indicate whether adult (A) or youth (Y) size. Additional t-shirts available for \$10 each.

**The parent/guardian agrees to indemnify, defend or save harmless the Church, its officers, agents, employees and volunteers, from any and all claims and losses accruing or resulting to any and all children of parent/guardian who may be injured in the Vacation Bible Retreat Program.**



Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return this completed registration form with a check payable to St. Joseph's VBR to:  
St. Joseph's Parish Office or mail to Kayte RV 2624 Portsmouth Ln., Modesto, CA 95355

**SPACE IS LIMITED - REGISTER EARLY**