



Childs Name _____ Childs Age _____

Parents Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email Address _____

Mail to:
Kim Counter
c/o VBS
6705 Frix Rd
Cumming, GA 30028

Questions please call
Kim @ (770) 887-5454

T-shirt Size (Please circle only one)

Youth
Small
Medium
Large
x-Large

Adult
Small
Medium
Large
x-Large

Are there any particular medical problems your child may be experiencing that we should be aware of? (Please circle one)

Physical Disabilities

Allergies

Serious Illness

Please explain in detail

How did you hear about our VBS?