



June 27th-July 1st : 6:00 pm-8:00 pm

St. Michael the Archangel 2011 V.B.S. Registration Form

Name(s) and age(s) of all child participants:

First Name	Last Name	Boy(B) or Girl(G)	<u>Child's</u> <u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

✓ Please Check if you have more than one child registering and they want to be in the same tribe group.

Parent Name: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____ Cell phone: _____

Home e-mail address: _____

Will parents be helping in other areas of Hometown Nazareth? _____ Where? _____

In case of emergency, contact: _____ Phone# _____

Allergies or other special needs conditions: _____

Registered Home parish: _____

St. Michael's Registered Parishioner

Fee cost: 1 child: \$25.00

2 children: **\$40.00**

3 + children **\$60.00**

Amount Paid : _____

Non-Parish Participant

Fee cost: 1 child: \$35.00

2 children: **\$50.00**

3+ children **\$70.00**

Amount Paid: _____

**Contact office for any parishioner payment needs

Tribe name: _____