Rush River Lutheran Church VBS Registration Form 2019



Parent/Guardian Name:				
Address:				
Email:			Phone:	
Student Nam	ie:			
Birthday:			2019-20 Grade:	
Special needs/Allergies/Medical Conditions:				
T-shirt size:	small	medium	large	
Student Nam	ne:			
Birthday:			2019-20 Grade:	
Special needs/Allergies/Medical Conditions:				
T-shirt size:	small	medium	large	
Student Name:				
Birthday:			2019-20 Grade:	
Special needs/Allergies/Medical Conditions:				
T-shirt size:	small	medium	large	