

COTH

145 Memorial Drive
Shrewsbury MA 01545

REGISTRATION FORM

VBS 2019



DATE: July 15th – 19th Monday - Friday
TIME: 9:00 a.m. until 12:00 noon
PLACE: Chapel on the Hill
AGE: 13-18

NAME: _____

ADDRESS: _____

CITY _____ ZIP _____

PHONE _____

Phone Contact during VBS _____

Do we have permission to take photos of your teen? _____ YES _____ NO

D.O. B. _____ AGE: _____

PERMISSION Signed by _____

CHECK IN - **8:45-9:00 a.m.** at Registration Table located downstairs in (Snack Area)

PICK-UP - **12 noon** at Sanctuary located upstairs

SPECIAL INSTRUCTIONS: _____

FOOD ALLERGIES: _____

