

Vacation Bible School Consent Form 2024

Name: _____

Grade Just Completed: _____

Age: _____

Address: _____

Phone: _____ Alt#: _____

Parent Names(s): _____ Home Church (if other than Greencastle Otterbein U.B.): _____ Medical Concerns/Food Allergies: _____

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_____ Parent/Guardian Signature (in ink) Today's

Date Name of Participant: _____