

REGISTER ME FOR OPERATION ARCTIC!

Child's name _____

Gender: Male Female Birthdate ____/____/____ Grade completed _____

Address _____ City _____ State _____ Zip _____

Parents/Guardian _____ Home phone _____

Work phone _____ Cell phone _____ Email _____

Emergency contact _____

Relationship to child _____ Phone _____

Please place my child with _____

Name of home church _____

Food allergies Y___ N___ List _____

Medical concerns Y___ N___ Explain _____

Copyright © 2017 Answers in Genesis. Limited license to copy.

REGISTER ME FOR OPERATION ARCTIC!

Child's name _____

Gender: Male Female Birthdate ____/____/____ Grade completed _____

Address _____ City _____ State _____ Zip _____

Parents/Guardian _____ Home phone _____

Work phone _____ Cell phone _____ Email _____

Emergency contact _____

Relationship to child _____ Phone _____

Please place my child with _____

Name of home church _____

Food allergies Y___ N___ List _____

Medical concerns Y___ N___ Explain _____

Copyright © 2017 Answers in Genesis. Limited license to copy.



**WELCOME TO VACATION
BIBLE SCHOOL
LIVING WATERS
CHURCH**

JULY 10 - 14

8:30 A.M. - NOON

AGES 5 - 10

MORE INFORMATION CALL 830-279-9615



*Exploring the Coolest
Book on the Planet*

**WELCOME TO VACATION
BIBLE SCHOOL
LIVING WATERS
CHURCH**

JULY 10 - 14

8:30 A.M. - NOON

AGES 5 - 10

MORE INFORMATION CALL 830-279-9615