

VBS ADULT REGISTRATION FORM

Name: _____

Address: _____

Mailing address if different: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

Email: _____

OTHER INFORMATION:

Do you attend Sunday School? ____ If so, where? _____

If you are visiting our church, who are you a guest of? _____

May we have permission to photograph you? ____ Yes ____ No

May we have permission to use your photograph for the purpose of promotion? ____ Yes ____ No

Signature