

iknow  
GOD



**VBS 2010**  
North Jackson church of christ

# VBS 2010

# Registration

Child's Name: \_\_\_\_\_

Age / Grade Going Into: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home and Cell): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**T-SHIRT SIZE:**

- \_\_\_ Child X-small (2/4) \_\_\_ Child Small (4/6)  
\_\_\_ Child Medium (8/10)  
\_\_\_ Child Large (10/12)  
\_\_\_ Adult Small \_\_\_ Adult Medium  
\_\_\_ Adult Large \_\_\_ Adult X-Large  
\_\_\_ Adult 2XL

How did you hear about our VBS?  
\_\_\_\_\_

Any known Allergies? \_\_\_\_\_

**Complete this form and return it to the North Jackson Church of Christ, 2780 Highway 45 By-Pass, Jackson, TN 38305 by May 31.  
Thanks.**

**Please bring a friend!**