

Aldersgate Evangelical Center

Vacation Bible School

Name _____

Gender _____ Age _____ Grade (going into grade) _____

Which VBS Session? Daytime _____ Evening _____

Street address _____

City, State, Zip code _____

Home Phone _____ Cell Phone _____

Emergency Contact Name, Relationship, Phone

Other Comments

Parent or Guardian Name _____

Parent or Guardian email _____

Parent or Guardian Signature _____

Mail completed form to
Aldersgate Evangelical Center
PO Box 477, Terra Alta, WV 26764