



**Superheroes:  
ANYONE can be a hero!**

## VACATION BIBLE SCHOOL

Registration form (one per family)

Name, age & gender: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

In case of emergency,  
Contact name & phone: \_\_\_\_\_

Do you wish for siblings to be in the same tribe? \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

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

Oak Ridge Community Church  
6120 Day Long Lane Clarksville, MD 21029  
(410)531-6618 ~ churchoffice@oakridgecc.org