



FBCV VACATION BIBLE SCHOOL 2019 July 8-12, 2019

ADULT NAME _____

MAILING ADDRESS _____

PHONE _____ EMAIL _____

EMERGENCY CONTACT, NUMBER and RELATIONSHIP _____

SELECT YOUR AGE CATEGORY 18-34 35-50 51 and above

HOME CHURCH _____

HOW DID YOU LEARN ABOUT FBCV VBS? _____

DO YOU HAVE DIETARY RESTRICTIONS? NO YES (List) _____

ALLERGIES/MEDICAL CONDITIONS _____

My signature below authorizes in the case of emergency (after attempting to reach my emergency contact) finding appropriate medical attention deemed necessary by a physician and medical staff for my welfare at the nearest hospital.

PROMOTIONAL RELEASE: I hereby consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction in which I may appear by First Baptist Church of Vienna. I understand that these materials are being used for promotion of the ministry of this church. I release First Baptist Church of Vienna from any liability connected with the use of picture or voice recording as part of any promotional or recruitment program.

SIGNED _____ DATE _____

(Signature required)

Please Pre-Register



FIRST BAPTIST CHURCH
OF VIENNA