



Graeagle Community Church
Vacation Bible School
June 22nd-26th

Name: _____

Address: _____

Mailing Address: _____

City, State, Zip Code: _____

Home Phone #: _____

Local Phone # (if visiting from out of town)_____

E-Mail Address _____

Age: _____ Birthdate:_____

Highest Grade Completed: _____

Home Church: _____

Medical (or other) information we need to know (allergies, etc.)

In the event of an emergency, who should we call?

Name _____ Local Phone:_____

Please return to Graeagle Community Church

P.O. Box 366

Graeagle, CA 96103