



WHAT: Vacation Bible School

WHERE: Community Bible Church 638 Parris Island Gateway, Bft, SC

WHEN: Tuesday, June 27—Friday, June 30 9 am -12:00 pm

WHO: Children who will be age 4 by 9/1/2017 thru age 13.

VBS will conclude with a special Grand Finale for the whole family, June 30, 6:00 pm—8:30 pm. (Children must be accompanied by an adult.)

Registration fee is \$5.00 per child not to exceed \$15.00/family.

Fee waivers are available.

Registration can be:

mailed to: Community Bible Church, P.O. Box 119 Beaufort, SC 29901

dropped off : at the church office Mon-Fri 9:00-5:00.

submitted online: communitybiblechurch.us

**EARLY BIRD REGISTRATIONS SUBMITTED BY JUNE 16 WILL BE PUT
IN A DRAWING TO WIN A SUPER PRIZE PACK!!!**

Helpful info:

- **T-shirts** are available for \$7 each (while supplies last) in the CBC Atrium on Sunday mornings & Wednesday evenings, 6pm - 8pm beginning June 21.
- Please dress your children comfortably and modestly in t-shirts/shorts/sneakers as they will be very active.
- Other questions? Call 843-525-0089

OPERATION ARCTIC

REGISTRATION FORM

For children Age 4 by 9/1/2017 to 13 year olds

Parent's Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Home church _____

Please list your children attending VBS.

1. Name: _____

Gender: Boy ___ Girl ___ Age by 09/01/2017 _____

Allergies/Special needs : _____

2. Name: _____

Gender: Boy ___ Girl ___ Age by 09/01/2017 _____

Allergies/Special needs : _____

3. Name: _____

Gender: Boy ___ Girl ___ Age by 09/01/2017 _____

Allergies/Special needs : _____

4. Name: _____

Gender: Boy ___ Girl ___ Age by 09/01/2017 _____

Allergies/Special needs : _____

5. Name: _____

Gender: Boy ___ Girl ___ Age by 09/01/2017 _____

Allergies/Special needs : _____

Emergency Contact & Approved Pick-up Persons

Person #1: _____

Phone: _____

Person #2: _____

Phone: _____

Buddy Request

Please pair my child (name) _____ with:

Leader: _____

Child: _____

Buddy Request

Please pair my child (name) _____ with:

Leader: _____

Child: _____

Buddy Request

Please pair my child (name) _____ with:

Leader: _____

Child: _____

The requested buddy's registration form should reflect the same request. All buddy requests must be made no later than Wed. June 21 to assure placement.

Registration Fee

\$5 per child/\$15 maximum per family. The fee will be waived if requested. Please make checks payable to CBC.

Received on: _____ By: _____

Check box for fee waiver(s).

Parental Consent

As the parent or guardian of the child(ren) listed, I give my consent for his/her participation in Community Bible Church's Vacation Bible School program.

Signature: _____

HOW DID YOU HEAR ABOUT US?

NEWSPAPER ___ RADIO AD ___

PERSONAL INVITATION ___ MAILER ___

SIGN OR BANNER ___ SOCIAL MEDIA ___

OTHER _____

Invited by: _____