



You are Invited!
Hope Alliance Church VBS
June 20-24, 2011
9:00 am - 12:00 pm



For Children who have completed Kindergarten through Grade 6

(VBS is held outdoors under tents on the Church property
at the corner of Rt. 27 and Kings Valley Road)

Registration and Release form

I hereby give permission for my child(ren): _____
to participate in Hope Alliance Church's (HAC) 2011 Vacation Bible School (VBS).

- In the event that an accident or illness should occur while my child(ren) is at HAC's VBS, the church has my permission to provide emergency treatment. If I cannot be reached, I give permission to the physician selected by the church to secure proper treatment for my child.
- I assume full responsibility for any and all costs connected with such treatment as is mentioned in the above paragraph and hereby release HAC from any and all liabilities.

Signature of parent or legal guardian

Date

Registration Fee: \$30 per child (Make checks payable to HAC)

Please complete and return to:
Hope Alliance Church
P.O. Box 382
Damascus, Maryland 20872
For more information, please call (301) 414-0344
Additional forms are located on: www.hopealliance.org/ministries/vbs.htm



Mother's name: _____

Home phone: _____

Father's name: _____

Cell phone: _____

Address: _____

E-mail: _____

Invited by: _____

Child's name: _____

Child's name: _____

Grade completed in 2011: _____

Grade completed in 2011: _____

Allergies: _____

Allergies: _____

Child's name: _____

Child's name: _____

Grade completed in 2011: _____

Grade completed in 2011: _____

Allergies: _____

Allergies: _____