

Hometown Nazareth Registration Form (one per family)

Name(s) and Age(s): _____

Number of Family Members Participating in VBS: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell: _____

Email: _____

Home Church: _____

Emergency Contact: _____

Allergies or Other Medical Conditions: _____

Comments or Other Information: _____

Thank you for joining us!