

It's time to sign up
for Vacation Bible School!

June 21 - 25
9 a.m. - 1 p.m.

3 years old through 6th grade

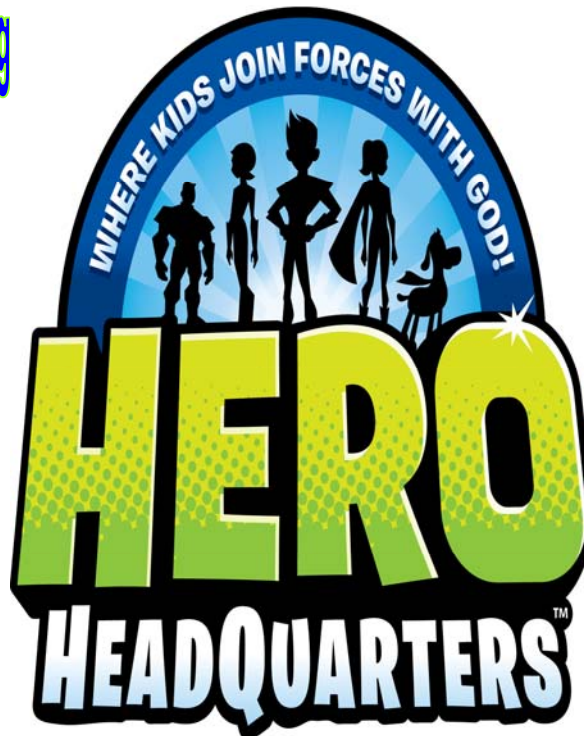
Awesome Bible Teaching

Games

Service Projects

Snacks, and

much more!



Register by June 6th

to get a

"Hero Headquarters"

Custom T-shirt!

**Only \$25.00 per child for the whole week
or \$60 for 3 children or more in the same immediate family.**

Bear Creek
COMMUNITY CHURCH

**11171 N. Lower Sacramento Road, Lodi, CA 95242
(209)951-9229 or (209)369-2202**



Online Registration available. 2 Part process.. start here!
After you complete the PayPal portion go HERE!

You can also Register Online: Click HERE!(Pay First)

After paying, Complete the Registration HERE!

HERO HEADQUARTERS™

Vacation Bible School Registration 2010
June 21 - 25 from 9:00 – 1:00 (3 years olds through 6th grade)
\$25.00 per child (t-shirt guaranteed if registered by June 6th)

Parent's Name: _____ Home Ph: _____

Street Address: _____ Cell Ph: _____

City: _____ Zip: _____ E-mail: _____

T-Shirt sizes: YS (6-8) YM (10-12) YL(14-16) AS (Adult sm) AM (adult m) AL (adult lg)

Child #1 Male/Female T-shirt Size _____

Name: _____

Birthd: _____ Grade Fall 10: _____

Child #2 Male/Female T-shirt Size _____

Name: _____

Birthd: _____ Grade Fall 10: _____

Child #3 Male/Female T-shirt Size _____

Name: _____

Birthd: _____ Grade Fall 10: _____

Child #4 Male/Female T-shirt Size _____

Name: _____

Birthd: _____ Grade Fall 10: _____

Child #5 Male/Female T-shirt Size _____

Name: _____

Birthd: _____ Grade Fall 10: _____

Child #6 Male/Female T-shirt Size _____

Name: _____

Birthd: _____ Grade Fall 10: _____

I am the parent/guardian of the above children and I give permission to Bear Creek Community Church and Vacation Bible School Leaders to authorize or administer medical attention to my child, during club activities. I understand every effort will be made to contact me as quickly as possible. In case of an emergency, please contact:

Name/Relationship: _____ Best Phone #: _____

Address is different from Above: _____ Physician: _____

Dr.'s Phone: _____ Insurance Company: _____ Policy Number: _____

Name of Child & Allergies (medication/ food/other): _____

If your child has an allergy, please remind us each time you sign them in.

Bear Creek Community Church periodically takes photos and video for communication purposes (i.e. flyers, website or other multimedia). If you have a concern about your child's picture appearing on our materials please contact the Children's Director at the church office.

Parent or Guardian Signature _____

Today's Date _____

Bear Creek Community Church, 11171 N. Lower Sacramento Road, Lodi, CA 95242
209.369.2202 – 209.951.9229 – FAX 369.4202 – www.bearcreekchurch.com

For Office Use Only: Date Paid: _____ Method of Payment: _____ Total \$ paid: _____