



# 2009 Vacation Bible School

For age 3 through (completed ) grade 5

June 22-26, 9:00 am. to 12:15 pm

Memorial Presbyterian Church

731 Walnut Street (S.R. 38), Dayton, IN

Phone: (765) 296-3199 Web: [www.daytonpres.org](http://www.daytonpres.org)

Join us for "Crocodile Dock"! You'll enjoy Bible Point Crafts and exciting games, thrilling Bible stories, sample tasty snacks, and hear unforgettable music. Plus, kids will take part in a mission project!

Child's Name: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Other: \_\_\_\_\_

Street and mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Last school grade completed: \_\_\_\_\_ Age \_\_\_\_\_

Home Church: \_\_\_\_\_

T-shirt size (they tend to run small): Youth S \_\_\_\_\_ Youth M \_\_\_\_\_ Youth L \_\_\_\_\_  
Adult S \_\_\_\_\_ Adult M \_\_\_\_\_ Adult L \_\_\_\_\_ Adult XL \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Allergies (food, etc. ) or other medical conditions \_\_\_\_\_

Person(s) authorized to take child from premises \_\_\_\_\_ Phone # \_\_\_\_\_

Any person(s) NOT authorized to take child from premises \_\_\_\_\_

In the event of emergency, and I cannot be reached, I hereby authorize representatives of Memorial Presbyterian Church to seek any required medical attention for my child.

Parent or guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

(There is no cost for this event)

Please return to Memorial Presbyterian Church, P. O. Box 70, Dayton, IN 47941-0070

How did you hear about our Crocodile Dock VBS?

Dayton mailing \_\_\_\_\_ Newspaper \_\_\_\_\_ Church Sign \_\_\_\_\_ Church Member \_\_\_\_\_ Other \_\_\_\_\_