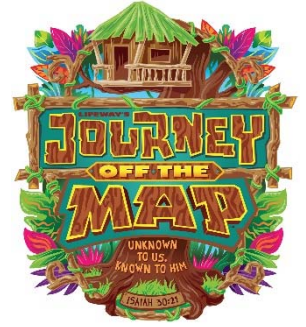




PARTICIPANT REGISTRATION FORM

VBS for Children with Autism 2015
Eastview Christian Church
Monday, July 20 – Friday, July 24
5:00 – 7:45 p.m.



Registration Deadline is June 26, 2015

(T-Shirts **WILL NOT** be available to anyone not registered by the deadline)

Please complete one from per family (Everyone is welcome regardless of diagnosis)

	Child's Name	Age	Date of Birth	Diagnosis	T-Shirt Size*
1					
2					
3					
4					
5					

*C-XS = Child Extra Small, C-S = Child Small, C-M = Child Medium, C-L = Child Large, C-XL = Child Extra Large, A-S = Adult Small, A-M = Adult Medium, A-L = Adult Large, A-XL = Adult Extra Large, Adult 2x or larger are available upon request

Guardian Name: _____

Street Address: _____ City: _____ ST: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Email: _____ Home Church: _____

Guardian Location During event: _____

Meals will be served from 5:00 – 5:45 every night and the entire family is invited to attend. Parents are expected to stay with their children through the dinner meal. We reserve the right to require parent attendance at other times if needed.

Please indicate the total number who will be participating in each meal.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Please enclose \$20.00 per participant (\$40.00 per family maximum) for t-shirts, CD, dinner and supplies. **Scholarships are available upon request.** Please contact Kelly Woith @ kmwoith1@gmail.com for more information. (Make checks payable to Autism McLean with VBS-A in the memo line)

Return to:
 Vacation Bible School - Autism
 c/o Kelly Woith
 1233 Rutledge Road
 Bloomington, IL 61704

Date Received (Office only): _____