

OVBS Location/ Church Name:______

Parents/Guardian Name: _____

Emergency Contact Name & Number:_____

	Child 1	Child 2	Child 3
Name			
Grade (As of 1/1/2018)			
Allergies / Medical issues /			
Special Needs			
T-Shirt Size and Quantity			
for Child			
T-Shirt Size and Quantity			
for Parents/Adult			

Total Registration Fee (Determined by OVBS Unit): \$ _____ Please make Check payable to

Provide one form per family. Pre-registration is essential to making necessary arrangements. Register on or before Sunday April 8, 2018. Your cooperation is greatly appreciated.