

2009 Gloria Dei Lutheran Church Vacation Bible School STAFF Registration

Assignment _____

Name _____ Age _____ Grade in Fall _____
Last First MI (Youth staff only)

Street _____ City _____ Zip _____

Parents/Spouse Names _____

Home Phone _____ Email Address _____

Work/Cell Phone(s) _____

Allergies (Food/ Other)? No / Yes If yes, specify _____

Special Needs? No / Yes If yes, specify _____

Emergency Contact Information (in case parent/spouse cannot be reached during VBS)

Name _____ Relationship _____ Phone _____

Youth staff are expected to remain at the church for the duration of the morning sessions, unless other arrangements have been made. If you must leave before the end of the day, please check out with the Registration Staff or the Church Office.