

St. John the Baptist Vacation Bible Camp Camper & CIT Registration Form



Family Information

Last Name: _____

Parents: _____

Street: _____

Town: _____

Phone: _____

Email: (required) _____

Parish: (if not St. John) _____

Emergency #: _____

Emergency Contact: _____

Relationship: _____

Registration

\$40 per Camper (K-6^h grade)

\$40 per Counselor-in-Training (CIT) (7th gr.)

\$30 per Counselor(8th-12th)

Name #1: _____

Grade entering in fall _____

Circle: Camper CIT Counselor

Name #2: _____

Grade entering in fall _____

Circle: Camper CIT Counselor

Name #3: _____

Grade entering in fall _____

Circle: Camper CIT Counselor

Name #4: _____

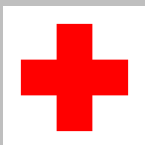
Grade entering in fall _____

Circle: Camper CIT Counselor

Return this completed form with your check made payable to St. John the Baptist to the Parish Center,

Attention: VBC Questions? Email

VBSatStJohnsWR@gmail.com



Medical/Special Needs & Allergies

(specify for each child)
