



Hilton Baptist Church VBS

July 17th -21st 2017

Registration Form

(One Per Child)

Child's Name: _____ Child's Gender _____

Child's Age: _____ Date of Birth: _____ Grade in Sept 2017 _____

Name of Parent(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home telephone: (____) _____ Cell phone: (____) _____

E-mail address: _____

Home Church: _____

Allergies or other medical conditions: _____

In Case of Emergency Contact: _____

Phone: (____) _____ Relationship to Child: _____

Please check which one applies for the use of your child's photo/name(s) that may be taken during VBS. Images/name(s) may be used for advertising/promotional materials, HBC website and or HBC Facebook page.

_____ I DO give permission for photos and name(s)

_____ I DO give permission for photos only, no name(s)

_____ I DO NOT give permission

_____ Check if you will be attending Dinner (A Complimentary Dinner is served daily 5:15-5:45)

Parent/Guardian Signature: _____ Date: _____

Email form to: hbchurch@frontiernet.net

If mail is preferred, mail to Hilton Baptist Church Attn: Julie Daubert 50 Lake Ave, Hilton, NY 14468