



SonRock Kids Camp Registration

Name _____

Birthdate _____

Street address _____

City _____ State _____ Zip _____

Home phone (_____) _____ Cell phone (_____) _____

How did you hear about our VBS? FBC flyer Channel 6 COL Friend FBC member

E-mail _____

Parent(s) name(s) _____

Parent(s) work phone(s) _____

In case of emergency, contact _____

Allergies or other medical conditions _____



School grade just completed _____

Name of home church, if any _____

PLEASE RETURN TO CHURCH OFFICE BEFORE JUNE 4

If you would like a SonRock Kids Camp T-shirt,
please include \$5.

Name: _____ School grade completed: _____

Size (circle one): YS YM YL AS AM AL AXL AXXL