



SOUTH ELKHORN
CHRISTIAN CHURCH



Road Trip VBS 2026 Registration Form

July 22nd-24th, 2026, 5:30-7:30 PM

(One per child)

Child's First & Last Name: _____ Age: _____

Last Grade Completed: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Parent 1 Name: _____ Cell Phone: _____

E-mail Address: _____

Parent 2 Name: _____ Cell Phone: _____

E-mail Address: _____

Will Parents Be Helping in Other Areas of VBS: _____ Where: _____

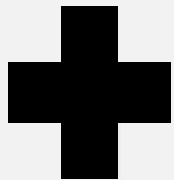
In Case of Emergency, Contact: _____

Relationship to Child: _____

Allergies or Other Medical Conditions: _____

Home Church: _____

Name of a Special Friend Your Child Might Like to Be With: _____



Anything else you want us to know about your child: _____

Traveler Team (for church use only) _____

