



Camp Wesley Chapel VBS Registration 2024

Child's Name: _____ **Age:** _____

Other Siblings/Children & Ages/Grade Completed Attending VBS:

Parent/Guardian Name: _____

Address: _____

Telephone Number: _____

Home Church: _____

Allergies/Medical Information: _____

Emergency Contact:

Name: _____ **Phone:** _____

Name of Person(s) to Pick-up Child from VBS:

Please contact Rene Temple at 814-444-2111 or
RLTemple65@hotmail.com if you have any questions.