

Sign Up Form
(Return by August 3)

Name: _____

Address: _____

Phone #: _____

Grade: _____

Emergency Contact Information

Name: _____

Address: _____

Phone #: _____

Immanuel Lutheran Church and School will not be held responsible for any accidents or injuries that occur during VBS.

Parent/Guardian Signature:

Date: _____

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Medford, WI 54451
715-748-2921

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