

## Student Registration Form for Vacation Bible School at Hogwarts FIRST/SECOND TERM 2014

For children 5–11 years who are new to Hogwarts or attended for the first time in 2013. JULY 21–25, 11:00 a.m.–2:00 p.m. \$50 PER PARTICIPANT

Please complete the following information for all children (5–11 years old) who would like to participate as students in the FIRST/SECOND TERM of VBS at Hogwarts. Included in the fee is a daily snack, and other items created by or given to the participants. Return this form as soon as possible to ensure a spot and no later than June 10, 2014. Return forms to the church office or the chest in the narthex. Forms can also be mailed to Church of the Holy Comforter, c/o Lisa Arthur, 543 Beulah Road, NE, Vienna, VA 22180. Have Questions? Contact Lisa Arthur at larthur@holycomforter.com or 703-938-6521 Ext. 16.

| Name: First & Last                 | Grade         | Age       | Shirt Size:<br>YS–AXL | Allergies?<br>What foods? |
|------------------------------------|---------------|-----------|-----------------------|---------------------------|
|                                    |               |           |                       |                           |
|                                    |               |           |                       |                           |
| Parent/Guardian Names:             |               |           |                       |                           |
| Phone Number:                      |               | _Email:_  |                       |                           |
| Home Address:                      |               |           |                       |                           |
| I can volunteer to assist with the | following:    |           |                       |                           |
| Costume Making Prop                | Creation (    | Common    | Room Chapero          | ne Check-In/Check-Out     |
| Set Design Mate                    | rials Prep    | Food Prep | o/Serving             | Planning Committee Member |
| In case of emergency, please con   | tact:         |           |                       |                           |
| Name:                              |               |           | Number:               |                           |
|                                    |               |           |                       |                           |
| Medical Insurance Carrier:         |               |           |                       |                           |
|                                    | Phone Number: |           |                       |                           |
| Parant/Guardian Signatura          |               |           |                       |                           |