



ZION Lutheran Church

1254 S. Union Street, Shawano, WI 54166-3461
715-526-2017 zion@shawanozion.org www.shawanozion.org

REV. SCOTT LUDFORD
Senior Pastor

BOB HASS
Council President

VBS REGISTRATION FORM

MONDAY, JULY 17 – FRIDAY, JULY 21 9:00am – 12:00pm
4K through 5th Grade

(One per child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Grade during 2022/23
school year: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ Zip _____

Home telephone:(____) _____

Parent/caregiver's cellphone:(____) _____

Home email address: _____

Home church: _____

T-shirt Size (**please circle**) Youth- Sm Med Large Adult-Sm Med Lg XL XXL

Allergies, medical conditions, or special needs: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

For church use only—Crew number or name _____