

OLOV VBS 2023

Safari with the Saints

July 11-14th 9:30am-12:30pm

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

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Adult Volunteer to help: \_\_\_\_\_ Name: \_\_\_\_\_

Teen Volunteer to help: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Parent Contact Information

Mother: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Father: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Information

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

List of Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Meds we can give:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_