



One-Day Vacation Bible School

Havelock United Methodist Church

July 14, 2018 9:00 a.m. to 3 p.m.

Child's name: _____ Age: _____ Grade in school: _____

Address: _____ Zip code: _____

Name of parent or guardian: _____

Phone number: _____ Alternative number: _____

Email address: _____

Name(s) of person(s) authorized to pick child up from the Camp Out:

Please list any allergies or medical conditions

Mail completed forms to:

Polar Blast
Havelock United Methodist Church
4140 N. 60th St. Lincoln, NE 68507

Note: Participation implies consent for person(s) in attendance to be photographed or videotaped and used in promotion for the church.

Email completed forms to the church office at havelockumc@gmail.com.