



Jones Memorial United
Methodist Church
Vacation Bible School

Registration Form:

Child's Name: _____ Age: _____ Grade: _____

Street Address: _____

City, State, Zip: _____

Phone Number(s): _____ / _____

Parents'/Guardians' Names: _____

Monday, August 1, 2011 through Friday, August 5, 2011

8:30 a.m. to 3:00 p.m. daily*

Copy and Share this Form with others!

Rev. Staci Current, Pastor
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