



YOUTH LEADER REGISTRATION FORM



Vacation Bible School: July 15-18, 2024, from 5:30-8pm, dinner provided.
Hope Lutheran Church, 1975 S. Old Highway 94, Saint Charles, MO
www.hopelutheranelca.org | 636-946-8922 | vbshopelutheran@gmail.com

Youth Leader's Name: _____	Age: _____
Nickname (if any): _____	
Cell phone: _____	Okay to text? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address: _____	
Last school grade completed: _____	
Home Congregation (if any): _____	

Parent/Guardian Name(s): _____
Address: _____
Home phone: _____ Cell phone: _____
Home email address: _____

In case of emergency (if parent/guardian cannot be reached) please contact:

Name: _____
Phone number: _____ Relationship to Volunteer: _____

Is Youth Leader providing their own transportation? Yes No
If not, who will be dropping off and picking up?
Name: _____
Phone number: _____

Check here if you have signed a Media Release Form. _____

Please list any allergies (including food allergies) VBS staff should be aware of:



Do you have one or more peers you'd like to work with? If so, list them here:

We are so excited to have you help with VBS. Is there anything you would like to us to know so that you can have the best week possible?



T-shirt size needed?

Parent/Guardian Signature:

For office use only

_____ All forms submitted

Assigned to VBS activities:

