



Register me for Operation Arctic!

Child's name _____

Gender: Male Female Birthdate ____/____/____

Grade completed _____

Address _____ City _____

State _____ Zip _____

Parents/Guardian _____

Home phone _____ Cell phone _____

Email _____

Emergencycontact _____

Relationship to child _____ Phone _____

Please place my child with _____

Name of home church _____

Food allergies Y___ N___

List _____

Medical concerns Y___ N___

Explain _____

T-Shirt size _____ \$5 donation for Operation Arctic shirt will help defray our costs.

Dates of VBS: 7/10, 7/17, 7/24, 7/31 & 8/7 at Immanuel Lutheran Church, Bridgman, MI

Dinner served 5:30-6 in the Life Center

Vacation Bible School 6-8pm

Please return completed form to the Children's Ministries office or email to
barb.ackerman@immanuelbridgman.org