

## St. Paul's Episcopal Church Vacation Bible School YOUTH VOLUNTEER REGISTRATION

Youth Assistants (Rising sixth grade and up)

Youth name	School Grade (Fall 2016)	Birthdate (Month/Day/Year)	T-shirt size  Adult (XS, S, M, L, XL, XXL)	Day or Night
Allergies or other medical conditions:				
Parent(s) name(s)				
Address (street, city, state, zip)				
Phone (home)	Other pl	none		
Email address (required)				
In case of emergency, contact-Name and p	hone number(s)			
Member of St. Paul's? Y N Name of h	ome church			
During VBS, I would like to help in on Group Guide Sn Nursery Ga		_		
Volunteer Days: Circle all that apply	M T W Th	F		
May we post pictures of you at VBS on t	the church web site? (N	lo names will be	included.) Y N	
Youth Signature	 Date			
Parent Signature	 Date			
Contact Christine Ingram at 467-1477 or christine	e.ingram@stpaulscary.org fo	or more information.		

Please return form to St. Paul's Episcopal Church, Attn: VBS, 221 Union St., Cary, NC 27511.