



**ST. MARK'S LUTHERAN CHURCH**  
142 Market Street  
**SUN. & MON.** Williamsport PA  
570-323-4619

**TRINITY EPISCOPAL CHURCH**  
844 West Fourth Street  
**TUE. & WED.** Williamsport, PA  
570-322-0126

**SUMMER BIBLE CAMP REGISTRATION**  
JUNE 19-23, 5:30-8:30  
FOR CHILDREN PRE-K – GRADE 5

PLEASE COMPLETE THIS FORM AND RETURN IT BY SUNDAY JUNE 19, 2016.

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian name(s): \_\_\_\_\_

Preferred phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Siblings attending Bible Camp (names & ages): \_\_\_\_\_

MEDICAL CONCERNS/ALLERGIES: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Preferred phone: \_\_\_\_\_

Religious affiliation: \_\_\_\_\_ Church member of: \_\_\_\_\_

**Supper is served at 5:30 PM; program begins promptly at 6PM. Number attending supper: \_\_\_\_\_**

**Thursday's event will be held at the same times at Loyalsock Pool. Dinner will be served there.  
Number attending Thursday's celebration: \_\_\_\_\_**

**WAIVER OF RESPONSIBILITY**

I give \_\_\_\_\_ permission to participate in Vacation Bible School. The leaders, Camp Mt. Luther, Trinity Episcopal Church, and/or St. Mark's Lutheran Church will not be held responsibility for injury, etc.

Summer Bible Camp leaders have permission to photograph/film my child(ren) for any lawful purpose with this program.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please use flip side for additional comments, i.e., persons with whom your child is allowed to ride...*