

Holy Land Adventure - Jerusalem Marketplace

Ready to travel back in time?

Join us in the streets of our Jerusalem Marketplace! You'll enjoy authentic Bible-times crafts, experience thrilling real-life dramas, play traditional Bible-times games, sample tasty Middle Eastern snacks, and hear unforgettable music. Plus you'll meet lots of new friends! Entire families are welcome to walk in Jesus' footsteps at this exciting program.

It's all happening in Ascension Lutheran Church's Haimerl Center

July 14 –16 from 9:00 a.m. to 12:00 noon.

Get ready for a week of exciting games, crafts, songs, and stories!

Register now by completing the registration form below and returning it to the church office (1479 Morse Road, Columbus 43229).

DIRECTIONS: Children must be pre-registered by June 30th.

Please use one form for each child and be sure to complete the Permission and Medical information sections.

Please use ink when completing this form Thank you!

Child's Name: _____ Phone(____) _____ Cell Phone _____

Grade Completed _____ Birthday (month/day/year) _____ Age _____ Sex _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian name(s) _____

Church where family belongs, if any _____ City _____

The following person(s) are permitted to pick up my child from VBS.

Sign In & Out EACH DAY _____

My child would like to be in a group with his/her friend _____

name of friend



PERMISSION AND EMERGENCY AUTHORIZATION

The above named child has my permission to attend the Vacation Bible School at Ascension Lutheran Church, Columbus, July 14, 15, & 16 from 9:00 a.m. - 12:00 p.m. In event I cannot be reached. I give permission for the staff of this Vacation Bible School to order x-rays, routine tests, and treatment for my child and for qualified physician to hospitalize, secure proper treatment, and to order injection, anesthesia and/or surgery for my child.

X _____
Signature **Date** **Print Name**

MEDICAL INFORMATION

Child's Name: _____
Birthday _____ Sex _____

Parent/Guardian name _____
Home Address _____ Phone() _____
City _____ State _____ Zip _____
Business/Work Address _____
Phone() _____ City _____ State _____ Zip _____

Second Parent/Guardian name _____
Home Address _____ Phone() _____
City _____ State _____ Zip _____ Cell Phone _____
Business/Work Address _____ Phone() _____

If neither of the above parents/guardians are available, please notify:

Name _____ Phone() _____
Address _____ Cell Phone _____
City _____ State _____ Zip _____
Child's Doctor _____ Phone () _____
Child's Dentist _____ Phone () _____
Your Medical/Accident Insurance Carrier _____
Policy Number _____

List any disability or recurring illness: _____

List any allergies: _____

Note any specific activities to be limited: _____

***If your registration is received before June 30, you will be entered into a drawing for a free *Holy Land Adventure, Jerusalem Marketplace* music CD.**