VBS YOUTH LEADERSHIP REGISTRATION FORM

(Leadership positions will be assigned prior to VBS. Turn in your form by July 5th to secure your position.)



Parent/Guardian's Signature _

July 11 - 15, 2016 9:00 am - 12 noon

Park Lake Presbyterian Church

309 East Colonial Drive • Orlando, FL 32801 407-841-6550 • www.plpc.org

Youth's name:		Age:			
Parent/Guardian's name:					
Address:	City:	Zip:			
Home phone:					
Mom's cell phone:	Dad's cell phone:				
Parent's email address:					
Youth's email address:	Youth cell phone:				
SPACE IS LIMITED - CIR	CLE TWO areas where you would	like to volunteer:			
Skits Games/Recreation Bible Stor	y Snacks Crafts Science La	b Preschoolers K-1 2-3 4-5			
Please circle the days you can assist with VBS: M T W TH F Are you a member of Park Lake Presbyterian Church? Yes No If no, where do you attend church:					
			Allergies or other medical conditions included in case of emergency, when the parent/gu		
			Name:	• •	. contact:
Relationship:					
	COVENANT				
By accepting the job of Youth	Volunteer, I agree to				
	S at 8:30 to pray and prepare for the respect and love and will not pos	he day ahead st photos of them on social media.			
Signat		 Date			
I hereby give authorization for my youth their photo taken during the VBS events a Lake Presbyterian Church newsletter, web	and also give my permission for p				

Date