

# St. Anthony's Parish

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## God's Salvation Heroes Vacation Bible Camp Registration Form

Please complete one form for each child to be registered

Name of Child: \_\_\_\_\_

Age of child: \_\_\_\_\_ Child's grade: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Parent/Guardian: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Camp Location:** St. Anthony's Church basement **Date & Time:** Aug 19<sup>th</sup> – 23<sup>rd</sup> 9am – Noon

**Consent:** I \_\_\_\_\_ would like \_\_\_\_\_ to participate  
Parent/Guardian child  
in God's Salvation Heroes Vacation Bible Camp at St. Anthony's Parish during the week of  
August 19<sup>th</sup> to August 23<sup>rd</sup>.

**Are you available to help with supervision at our camp?** Y N