



VBS 2008  
REGISTRATION  
AUGUST 4-8  
9:00 - 12:30

FIRST CHURCH OF CHRIST, UCC  
136 MAIN STREET, SANDWICH  
\$25/AGENT, \$60 FAMILY MAX

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

ADULT PHONE \_\_\_\_\_

ADULT CELL/ALT # \_\_\_\_\_

GRADE ENTERING IN FALL 08 \_\_\_\_\_

MEDICAL/SPECIAL NEEDS:

\_\_\_\_\_

\_\_\_\_\_

(Use back if necessary)

Return this form with payment (checks payable to "First Church of Christ") to: Jennie Valentine, First Church of Christ, P.O. Box 810, Sandwich, MA 02563; **More info:** 508-888-0434 or [education@firstchurchsandwich.org](mailto:education@firstchurchsandwich.org)



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