VBS 2019 Space Cadets Registration Form

MIRACULOUS-Mission

YOUR DETAILS	Registration No.						
Name:					Gender:	Male	e Female
Date of Birth:					Age:	(5 - 1	L2)
Do you attend Sund	ay School?	Yes	No		Sometime	S	
If yes or sometimes	, name of church:						
Have you attended VBS in PBC before?		First time			Several tir	nes	
Allergies/Medical Pr	ecautionary/Dietar	y needs (if any):					
No Ye	S						
T-shirt size (Chest c	ircumference in inch	es)					
Child S (28")	Child M (30")	Child L (32")	Child >	(L(34")	Adult	S(38")	Adult M (40")
Parent/Guardian Na	me:						
Relationship:	Father	Mother	Aunt	Neighb	our	Others	
Contact:		(Handphone)			(Home)		
Parent's Email:							
Address:	ETAILS (This form i	s incomplete if this		filled)	Registrat		ostcode
	ETAILS (This form is	s incomplete if this	s section is not	filled)	Registrat Gender:		
Address: YOUR FRIEND'S DI	ETAILS (This form is	s incomplete if this	s section is not	filled)		ion No.	e Female
Address: YOUR FRIEND'S DI Name:		s incomplete if this Yes	s section is not No	filled)	Gender:	i on No. Male (5 - 1	e Female
Address: YOUR FRIEND'S DI Name: Date of Birth:	ay School?	·		filled)	Gender: Age:	i on No. Male (5 - 1	e Female
Address: YOUR FRIEND'S DI Name: Date of Birth: Do you attend Sunda	ay School? , name of church:	Yes		filled)	Gender: Age:	tion No. Male (5 - 1	e Female
Address: YOUR FRIEND'S DI Name: Date of Birth: Do you attend Sunda If yes or sometimes	ay School? , name of church: /BS in PBC before?	Yes	No	filled)	Gender: Age: Sometime	tion No. Male (5 - 1	e Female
Address: YOUR FRIEND'S DI Name: Date of Birth: Do you attend Sunda If yes or sometimes Have you attended V	ay School? , name of church: /BS in PBC before? recautionary/Dietar	Yes	No	filled)	Gender: Age: Sometime	tion No. Male (5 - 1	e Female
Address: YOUR FRIEND'S DI Name: Date of Birth: Do you attend Sunda If yes or sometimes; Have you attended V Allergies/Medical Pr	ay School? , name of church: /BS in PBC before? recautionary/Dietar	Yes Fir ry needs (if any):	No	filled)	Gender: Age: Sometime	tion No. Male (5 - 1	e Female
Address: YOUR FRIEND'S DI Name: Date of Birth: Do you attend Sunda If yes or sometimes, Have you attended M Allergies/Medical Pr No Ye	ay School? , name of church: /BS in PBC before? recautionary/Dietar	Yes Fir ry needs (if any):	No rst time	: filled)	Gender: Age: Sometime Several tir	tion No. Male (5 - 1	e Female
Address: YOUR FRIEND'S DI Name: Date of Birth: Do you attend Sunda If yes or sometimes; Have you attended V Allergies/Medical Pr No Ye T-shirt size (Chest c	ay School? , name of church: /BS in PBC before? recautionary/Dietar s ircumference in inch Child M (30")	Yes Fir y needs (if any) : res)	No rst time		Gender: Age: Sometime Several tir	tion No. Male (5 - 1 es nes	e Female L2)
Address: YOUR FRIEND'S DI Name: Date of Birth: Do you attend Sunda If yes or sometimes Have you attended N Allergies/Medical Pr No Ye T-shirt size (Chest c Child S (28")	ay School? , name of church: /BS in PBC before? recautionary/Dietar s ircumference in inch Child M (30")	Yes Fir y needs (if any) : res)	No rst time		Gender: Age: Sometime Several tir	tion No. Male (5 - 1 es nes	e Female L2)
Address: YOUR FRIEND'S DI Name: Date of Birth: Do you attend Sunda If yes or sometimes; Have you attended V Allergies/Medical Pr No Ye T-shirt size (Chest c Child S (28") Parent/Guardian Na	ay School? , name of church: /BS in PBC before? recautionary/Dietar is ircumference in inch Child M (30") me:	Yes Fir y needs (if any): res) Child L (32")	No rst time Child X	(L (34")	Gender: Age: Sometime Several tir Adult :	tion No. Male (5 - 1 es mes	e Female L2)
Address: YOUR FRIEND'S DI Name: Date of Birth: Do you attend Sunda If yes or sometimes; Have you attended V Allergies/Medical Pr No Ye T-shirt size (Chest c Child S (28") Parent/Guardian Na Relationship:	ay School? , name of church: /BS in PBC before? recautionary/Dietar is ircumference in inch Child M (30") me:	Yes Fir ry needs (if any): es) Child L (32") Mother	No rst time Child X	(L (34")	Gender: Age: Sometime Several tir Adult :	tion No. Male (5 - 1 es mes S (38") Others	e Female L2)

Note : Online payment to **Public Bank Berhad Account No. 3162-232-124**. Please email your **completed form**, together with the payment transaction slip to **vbspbc2019@gmail.com** stating **VBS : your child's name** as the email subject title. **Thank you.**

	FEES : RM 70 / pax	Fees Paid: RM	Received by:	Date:
--	--------------------	---------------	--------------	-------

Pantai Baptist Church VBS 2019



27 - 30 Nov 2019 (Wed to Sat) 8:30 am - 12:45 pm daily Pantai Baptist Church 18, Jalan Pantai (9/7) 46000 Petaling Jaya **Tel : 03-7957 5103** Name of Child : ____ Parent / Guardian :

Total amount recei	ved : RM

OFFICIAL RECEIPT (please retain for your reference)

Received by :

Date: