

# June 22-29, 2019 MOWA VBS APPLICATION

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Last, First

Gender

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Address

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Phone

e-mail

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Birthday (dd/mm/yy)

Age at time of event

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Meeting

Quarter

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Emergency contact person/Parent(s)

Phone

**Please rank the activities below according to your preference. (1 most enjoy, 5 least enjoy)**

\_\_\_\_\_ I have no preference (you don't need to rank any others if this is #1)

\_\_\_\_\_ Group Leader (You would be assigned a group and move with them through each station above daily.)

**What age group(s) do you prefer?**

Any Age Group Is Fine

\_\_\_\_\_ 5-6 year olds

\_\_\_\_\_ 9-11 year olds

\_\_\_\_\_ 7-8 year olds

\_\_\_\_\_ 12 and up

\_\_\_\_\_ Crafts

\_\_\_\_\_ Food Preparation and service

\_\_\_\_\_ Games

\_\_\_\_\_ Lesson/Bible Story

\_\_\_\_\_ Music

**Please list any medical conditions chaperones should know about. (i.e. allergies) Attach more pages if needed.**

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**By signing, I acknowledge that I have read and agree to comply with the participation guidelines.**

Application due by May 8, 2019. Participation notifications sent via e-mail by May 20, 2019.