

**Pauline B. Grant CME Church**  
**2018 Vacation Bible Study**  
**Registration**

Name: \_\_\_\_\_

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

\_\_\_\_\_  
Phone: \_\_\_\_\_

Age: \_\_\_\_\_

Special Needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parents Name: \_\_\_\_\_

Signature: \_\_\_\_\_