

YOU ARE CORDIALLY INVITED TO:

**HOMETOWN NAZARETH
VACATION BIBLE SCHOOL**

WHERE: Mt. Zion Church, 57196 Mt. Zion Hill Road,
Quaker City , OH 43773

WHEN: June 24-28, 2024

TIME: 6-8 P.M.
Ages 2-ADULT Classes Nightly

Crafts and Snacks nightly! Family Fun Night is Friday!

*****PENNY DRIVE NIGHTLY TO SUPPORT THE CHILDREN'S HUNGER FUND*****

“HOMETOWN NAZARETH”



SPONSORS: Your neighbors at Mt. Zion, Salem Baptist and Bethel Churches

HOMETOWN NAZARETH

VACATION BIBLE SCHOOL – 2024

SPONSORED BY: Mt. Zion Church; Salem Baptist Church; and Bethel Church
June 24-28 – from 6-8 P.M. nightly
Children from Age 2 – **Adult Classes every night**

LOCATION: Mt. Zion Church, 57196 Mt. Zion Hill Road, Quaker City, OH 43773
MAIL REGISTRATION FORMS TO: Pastor Jeff & Donna Eschbaugh, 115 Main Street, Salesville, OH 43778
E-MAIL TO: leatherwoodservices@protonmail.com or donnajoyfulsong@gmail.com

REGISTRATION INFORMATION

ADULT ATTENDEE OR PARENT/GUARDIAN OF MINOR CHILDREN NAME: _____

ADDRESS: _____

PHONE CONTACT INFORMATION: #1 - _____ #2 - _____

E-MAIL: _____

BACK-UP EMERGENCY CONTACT: _____

BACK-UP EMERGENCY CONTACT PHONE NUMBER/S: _____

NAMES OF ALL ATTENDING VBS:

AGE:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ANY ALLERGIES OR PHYSICAL LIMITATIONS FOR INDIVIDUALS LISTED ABOVE:

CONSENT FOR PARTICIPATION IN VBS ACTIVITIES:

I authorize for myself and/or my child/children to participate in all activities associated with Vacation Bible School – “Hometown Nazareth” being held at the Mt. Zion Church June 24-28, 2024, and for myself and/or my children to be photographed for promotional purposes.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

CONSENT FOR EMERGENCY TREATMENT:

Should a medical emergency occur while I or my child/children are participating in Vacation Bible School at Mt. Zion Church, I grant permission for myself and/or my children to be transported to the closest emergency medical facility for treatment.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____