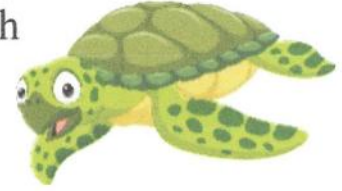


# Tropical Trek



Vacation Bible School  
Trinity Evangelical Lutheran Church  
1749 S. Main St.  
Bechtelsville, PA 19505  
610-369-1281  
July 27-31, 2026  
6:30 – 8:00 PM  
Ages 4 years through Grade 5



(Cut here and return form)

## Registration Form 2026

Parent/Guardian Name: \_\_\_\_\_

Address & Town: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of your church: \_\_\_\_\_

Would you like more information about this church? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Allergies or other concerns: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Allergies or other concerns: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Allergies or other concerns: \_\_\_\_\_

\*\*\*We request permission for your child to be included in photos while attending our VBS. We would like to share a photo montage/video as part of our worship service (date to be determined). (Join us or watch on Trinity's Facebook page.)

\_\_\_\_\_ I give my permission for my child's photograph to be used for this purpose.

\_\_\_\_\_ I do not give my permission to photograph my child during this VBS.

Parent's signature: \_\_\_\_\_