



Registration Form

(One Per Child)

Holloways Baptist Church

July 15 - July 18, 2026

6:00 PM - 8:30 PM

Child's Name: _____ Child's Gender: _____

Child's Age: _____ Date of Birth: _____ Last School Grade Completed _____

Name of Parent(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone:(_____) _____

Parent/Caregiver's Cellphone(_____) _____

Home Email Address: _____

Home Church: _____

Allergies or Other Medical Conditions: _____

Relationship to Child: _____

Return Completed Form to: Holloways Baptist Church
131 Briggs Rd
Lexington, NC 27292

Or Email to: vbs@hollowaysbaptist.org