

Registration Form (one per family)

Galilee by the Sea July 28th and August 4th,

Family name: _____

Street Address: _____

City: _____ **PA:** _____ **Zip:** _____

Home telephone: (____) _____

Home e-mail address: _____

Family members attending Bethlehem Village

Age
(Children only)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

In case of emergency, contact: _____

Allergies or other medical conditions: _____

Home church: _____