

Vacation Bible Camp Permission Form

Camper Name _____ AGE _____

Address _____

Emergency Contact Name _____

Relationship to Camper _____ Phone # _____

Allergies or other concerns: _____

I give my permission for my child to attend/participate in the VBC program at
Dover Bethany Global Methodist Church on August 7 & 8, 2026.

Signature _____ DATE _____