

Get ready for *DISCOVERY CANYON*!!

Vacation Bible School

Louisville United Methodist and Lafayette United Methodist Churches

June 22 – 26, 2009

8:45 – noon* at the Louisville Church - 741 Jefferson Avenue

*On Friday at 11:45, we'll have a 45-minute closing program for parents

A fun-filled, spirit-filled week will pass quickly as we journey together and:

- **REJOICE** (Miriam Dances after the Parting of the Red Sea)
- **PRAY** (Hannah Prays to God Day and Night)
- **ASK** (The Disciples Wonder 'Who Is This?' When Jesus Calms the Storm)
- **TELL** (Jesus Heals the Dying Girl and The Woman and The News Spreads Quickly)
- **SEEK** (Friends of The Crippled Man Travel Far for Jesus' Help)



Co-Director and Co-Registration (Louisville): Ann Toll 303.664.4786 ann@juniperbeach.net

Classroom Coord: Shelli Schoettger 303.664.1477 lubbershark@yahoo.com

Outdoor Coord. – Nicole Sarver 303.719.6371 nicole sarver@gmail.com

OTHER HELP IS NEEDED FOR:

(enter your name and phone # next to the category for which you would like to volunteer. Give to Ann Toll, Shelli Schoettger, or Nicole Sarver):

For all of the following we are in need of adult co-chairs and youth aides unless otherwise stated:

Decorations and Publicity: _____

Registration Table and Nametags: _____

Drama: _____

Music (one adult): _____

Crafts: _____

Outdoor Games: _____

Storytelling: _____

Science (one adult and youth aides): _____

Mission Project Coordinator (one adult): _____

Snacks (one adult and youth aides): _____

First Aid Coordinator (one adult): _____

Group Guides for Children in 4 Age groups: 3-4, 5-6, 7-8, 9-10 (*circle desired age group and enter name and phone number below*)

(Babysitting for toddlers of teachers and volunteers only will be provided. Sitters needed!)

All Youth (Grades 6-12) are encouraged to assist with all parts of VBS!

Mission Overview – Navajo Mission School and Clinic in Rock Point, Arizona

REGISTRATION

Child's Name _____ Birthday _____

\$15.00 Fee per child

Child's Name _____ Birthday _____

(or \$25.00 per family)

Child's Name _____ Birthday _____

Respective Grade(s) (Just Completed) _____

Fee rec'd

Parent/Guardian Initials: _____

Child's/Family Address _____

City _____, State _____ ZIP _____

Parents' Names _____

Parents' Phone(s) _____

Parents' E-Mail(s) _____

Known Allergies all children:

Put this sheet in the Offering plate OR
Send to: VBS Registration, c/o Louisville United Methodist Church
741 Jefferson Avenue, Louisville, CO 80027
Church phone 303-666-8812

