

trivia

**Saturday,
April 27** Night

Visit our website for registration information

Ticket Prices:

\$25/person in advance
\$30/person after April 22

Doors open: 7:00 pm

Games start: 7:30 pm



Our costume theme for the night is Classic TV! Dress up your group as your favorite television characters and win a Major Award!

Registration Form

Name: _____ Spouse/Guest Name: _____

Address: _____

City, ST, Zip: _____

Email: _____ Phone: _____

Payment Information

Visa MC Check

Card Number: _____

Exp. Date (MM/YY): _____ CVC: _____

Name on Card: _____

Please seat us with: (8 max/table) _____



PLEASE MARK YOUR CALENDAR FOR
A RETIREMENT PARTY CELEBRATING

Roxie Gerlach

Sunday, June 2nd
St. Paul's Gym

Social Hour begins at 4:30 PM
Dinner at 5 PM
Program to celebrate Ms. Gerlach at 6 PM

*Let's
celebrate!*

If you are interested in helping plan or set up for the party, please
contact Sheri Fleischfresser at sheri@splco.org

Monetary gifts can be brought to the office
to contribute to a group gift for Ms. Gerlach



“WALKING WITH GOD”



Mother ~ Daughter ~ Friend Banquet

Tuesday, May 14, 2019

Oconomowoc Golf Club

Adults: \$20.00

Children: \$10 (3-11 yrs.)

Menu: Pork Tenderloin

Menu: Chicken Tenders

Twice-Baked Potato

French Fries

California Blend Veggies

Fruit

Salad, Rolls & Dessert

Ice Cream

Coffee & Milk

Milk



Fellowship

6:00 pm

Dinner

7:00 pm



Entertainment by Sadie Schwefel...St. Paul's student

Get your Mother-Daughter-Friend Banquet tickets from the church office (262.567.5001) or one of our officers: Judy Braatz (262.567.7787), Mary Lou Pagenkopf (262.354.3010), Sue Lindemann (262.567.8985) or Sharon Peterson (262.490.8671) no later than *Tuesday, May 7th*.

Bring a bag of Hard Candy for



FOLLOWING IN HIS FOOTSTEPS



Preferred flavors:

Root Beer

Peppermint

Lemon

Ginger



Volunteer Registration

Before VBS, I would like to help by:

- | | |
|------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Praying | <input type="checkbox"/> Preparing craft materials |
| <input type="checkbox"/> Helping with administrative tasks | <input type="checkbox"/> Planning decorations |
| <input type="checkbox"/> Decorating classrooms | <input type="checkbox"/> Painting banners, backdrops, set |
| <input type="checkbox"/> Building sets | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Planning publicity | |

During VBS, I would like to help in one or more of the following areas:

- | | | |
|---------------------------------------|----------------------------------------|---------------------------------------------|
| Racer Team: | <input type="checkbox"/> Leader | <input type="checkbox"/> Helper |
| Crafts: | <input type="checkbox"/> Leader | <input type="checkbox"/> Helper |
| Snacks: | <input type="checkbox"/> Leader | <input type="checkbox"/> Helper |
| Games: | <input type="checkbox"/> Leader | <input type="checkbox"/> Helper |
| Music: | <input type="checkbox"/> Leader | <input type="checkbox"/> Helper |
| Missions: | <input type="checkbox"/> Leader | <input type="checkbox"/> Helper |
| Nursery: | <input type="checkbox"/> Leader | <input type="checkbox"/> Helper |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Sound/AV | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Photographer | <input type="checkbox"/> Clean-up Crew | <input type="checkbox"/> Teaching Assistant |

Age Level Preference

- | | | |
|------------------------------------|-------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> 6-9 years | <input type="checkbox"/> 9-12 years | <input type="checkbox"/> 3-6 years |
| | | <input type="checkbox"/> Wherever needed most |

Name _____ **Phone** _____

Email _____

Days Available: Every day Certain days (please specify):

(Participant registration is on the following two pages.)

Register me for The Incredible Race!

Child's name _____

Gender: Male Female Birthdate ____ / ____ / ____ Grade completed _____

Address _____ City _____ State _____ Zip _____

Parents/Guardian _____ Home phone _____

Work phone _____ Cell phone _____ Email _____

Emergency contact _____

Relationship to child _____ Phone _____

Who can pick up your child? _____

Name of home church _____

Food allergies Y N List _____

Medical concerns Y N Explain _____

PERMISSION TO USE IMAGES AND VIDEO

I hereby grant permission for _____
CHURCH NAME

to record sounds, images, or video of my child _____
NAME

while attending *this VBS program*. I also give permission for _____
CHURCH NAME

at its sole discretion, to use these sounds, images, or videos in publications (including print, websites, and social media

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platforms) owned by _____
CHURCH NAME

in relation to *this VBS program*.

PARENT/GUARDIAN SIGNATURE

DATE