

Dear Parents,

The Galactic Blast Mission Control Center (aka the VBS Planning Team), are inviting children between the ages of 5 and 11 years old to board the Starship Galactic Praise on August 9th for an exciting voyage to Galactic Blast: A Cosmic Adventure Praising God.

At Galactic Blast, the children will become cadets on the Starship Galactic Praise as they learn more about our **WONDERFUL, INCREDIBLE, AMAZING, MAGNIFICENT, AWESOME GOD.**

After a high-energy opening on the Starship Galactic Praise, the cadets will spacewalk to the Good News Galaxy. Through the Bible stories, they will witness how our mighty God is at work in the world. Cadets will learn Praise Phrases and Bible Booster Memory Verses that will boost their faith long after VBS.

The Cadets will also take spacewalks to the Moons and Tunes Asteroid, the Orbital Observatory, the Rocket Rec Comet, and the Astro Café.

A Mission Pilot and co-pilot will assist the Cadets on their voyage to Galactic Blast.

Starship Galactic Praise will begin its voyage at 9:00 am on August 9th and return daily at 12 noon. The last day of the voyage will be August 13th. Parents are invited to attend the closing voyage Friday, August 13th. Watch the Daily Mission Reports (VBS Parent letters) for details.

Galileo,
June Lee, Commander and the
Galactic Blast Mission Control Center

Calling all children ages 5-11
Come join me for
Galactic Blast:
A Cosmic Adventure
Praising God





Galactic Blast

Vacation Bible School

At The First Presbyterian Church
300 East Main Street, Batavia

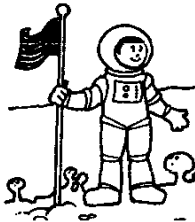
August 9-13, 2010 9:00am – 12:00pm

Come and have a Cosmic Adventure Praising God

All children, (members and non members) ages 5-11 are invited to attend Vacation Bible School.

All Children 5-11 years old must register to attend

***** Please cut here and keep the above for your information *****



Cosmic Adventure Registration Form

August 9-13, 2010

For Children ages 5-11

Please Print Clearly (one form per child)

Child's Name _____

Nick name, if any, for name tag _____

Date of Birth (m/d/y) _____ Age (as of Aug. 9) _____

Address _____

Phone #(s) Home _____ Cell () _____ Work () _____

Allergies and/or special needs if any _____

Emergency Contact Person

Name _____ Relationship to Child _____ Phone # _____

Dismissal Information: (all children must be picked up inside the building)

Person(s) who may pick up my child from VBS:

Name _____ Relationship to Child _____ Phone # _____

Name _____ Relationship to Child _____ Phone # _____

Name _____ Relationship to Child _____ Phone # _____

I agree with the above information and I wish to have my child attend this VBS program.

Parent or Guardian Signature _____