

## VICTIMS AGAINST CRIME INC. (VAC)

POST OFFICE BOX 10116  
NORFOLK VA. 23513

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Vac1991@yahoo.com

### VAC'S SUMMER ENRICHMENT PROGRAM REGISTRATION

Name -----

Phone -----/Cell-----

Work Phone -----

Address -----

E- Mail (we will not give it out) -----

Age -----

School -----

Grade Completed -----

Parent's or Guardian's Name -----

Name, address, and phone number of person to call in case of an emergency.

List any medical conditions we should know about.

**Our non-refundable registration fee of \$60.00 is to be paid by money order or cash at registration, paid yes ( ) no ( ).**

I-----give my permission for my child\_\_\_\_\_ to participate in any field trip activities sponsored by VAC Summer Enrichment Program. I will not hold VAC liable for any physical injury that may occur on these field trips.