



BUDDY BREAK SIGN-IN SHEET (Page 1 of 6)

Date: _____

Church: _____

Buddies and VIPs

#	First & Last Name of VIP Kid/Sibling	Parent/Guardian	Emergency #	First & Last Name of Buddy	Buddy Initials	Notes	Sign Out Initials	VIP Info Update
1.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
2.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
3.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
4.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
5.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
6.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
7.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
8.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
9.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
10.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>

COORDINATOR USE ONLY

Date: _____

#	First & Last Name of VIP Kid/Sibling	Parent/Guardian	Emergency #	First & Last Name of Buddy	Buddy Initials	Notes	Sign Out Initials	VIP Info Update
11.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
12.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
13.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
14.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
15.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
16.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
17.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
18.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
19.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
20.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
21.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
22.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
23.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>

#	First & Last Name of VIP Kid/Sibling	Parent/Guardian	Emergency #	First & Last Name of Buddy	Buddy Initials	Notes	Sign Out Initials	VIP Info Update
24.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
25.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
26.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
27.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
28.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
29.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
30.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
31.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
32.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
33.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
34.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
35.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
36.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>

#	First & Last Name of VIP Kid/Sibling	Parent/Guardian	Emergency #	First & Last Name of Buddy	Buddy Initials	Notes	Sign Out Initials	VIP Info Update
37.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
38.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
39.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
40.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
41.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
42.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
43.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
44.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
45.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
46.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
47.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>
48.	<input type="checkbox"/> VIP <input type="checkbox"/> Sibling							<input type="checkbox"/>

Visitors

#	Name	Address	City, State, Zip	Phone	Email
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

COORDINATOR USE ONLY:

VIP Orientation

#	Child's Information	Parent/Guardian's Name	Address/City, State, Zip	Phone/Email
1.	Name: Birthdate:		Address: City, State, Zip:	Phone: Email:
2.	Name: Birthdate:		Address: City, State, Zip:	Phone: Email:
3.	Name: Birthdate:		Address: City, State, Zip:	Phone: Email:
4.	Name: Birthdate:		Address: City, State, Zip:	Phone: Email:
5.	Name: Birthdate:		Address: City, State, Zip:	Phone: Email:
6.	Name: Birthdate:		Address: City, State, Zip:	Phone: Email:
7.	Name: Birthdate:		Address: City, State, Zip:	Phone: Email:
8.	Name: Birthdate:		Address: City, State, Zip:	Phone: Email:
9.	Name: Birthdate:		Address: City, State, Zip:	Phone: Email:
10.	Name: Birthdate:		Address: City, State, Zip:	Phone: Email:

COORDINATOR USE ONLY: