



Malankara Orthodox Syrian Church
 Diocese of the Southwest America
Southeast Orthodox Family Fellowship (SEOFF)
July 26-28, 2013
Registration Form

Primary Registrant's Information (Please print):

Last:	First:
Address:	
Phone:	Email:
Parish:	

Additional Family Members (Please print):	Gender M/F:	Age:

Please check off registration type:

- | | |
|---|---|
| <input type="checkbox"/> Single \$100 | <input type="checkbox"/> Family of 3 \$200 |
| <input type="checkbox"/> Family of 2 \$150 | <input type="checkbox"/> Family of 4 \$250 |

Amount Disclosed _____

*Please make all checks out to: **St. Gregorios Church, Tampa***
*All registration forms and checks should be mailed to: **P.O. Box 16973 Temple Terrace, FL 33687***

Last day to register is July 14, 2013.

Suggested hotel for accommodation: **Clarion Hotel- 2701 E. Fowler Avenue, Tampa FL, 33612 (T: 813-971-4710)**

When calling the hotel mention you are a guest of the Southeast Orthodox Family Fellowship for special pricing of \$59 per night. Last day to book for this price is June 26, 2013. After this date it will be full price. Breakfast is included.

For any inquiries please contact:

Convener: Fr. George Paulose
813-991-4728
frgpaulose22@gmail.com

Treasurer: Koshy Mammen
813-989-1509

Joint Convener: Sonia Kallarakal
Sonia.Kallarakal@gmail.com
813-240-6465

Secretary: Cherian Abraham
678-225-4869

Waiver: I/We, the above named registrants acknowledge and accept the responsibility of safety, liability and medical insurance for myself in case of any emergency and will not hold the Committee, Coordinators, or participants of the Family and Youth Conference of the Southeast Region or the Diocese of South-West America responsible.

I / We, understand that the conference providers and / or the organizers are not liable for any loss or damages that may occur, I / We hereby release any such claims, whatsoever it may be. I / We also understand that we are responsible for settling any damages or loss to the rooms we stay, directly with Clarion Hotel & Conference Center or any other Hotel of Accommodation.

Primary Registrant's Signature)

Date

FOR COMMITTEE USE ONLY:

Date Received:	Check Num:	Receipt Num:	GROUP:	Comments:
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