

REGISTRATION FORM



Malankara Orthodox Syrian Church: Diocese of South-West America 2016 Houston Area Family and Youth Conference

Venue: St. Gregorios Orthodox Church, 13218 Player St., Houston, TX 77045

Date: July 1, 2016 (Friday) – July 2, 2016 (Saturday)

Registration Deadline: June 26, 2016



Theme: The Home: Built on Rock

1 Timothy 1:5 “The purpose of the commandment is love from a pure heart, a good conscience, and sincere faith.”

PRIMARY REGISTRANT

First Name (Rev.[Mr.][Mrs.][Ms.])		Middle Name	Last Name
Street Address:			
City		State	ZIP
Contact Number - Home:	Cell:	Email address:	
Parish Name and location		Parish Vicar	
Emergency Contact Name		Emergency Contact number	
Special Needs/Requests for Family:			

ALL REGISTRANTS (include primary registrant) [Adult 18+ = \$90; Youth 4+ = \$60; <4 Free]

#	First Name	Last Name	Relation to Primary	M/F	Age	Dietary Preferences	Rates
1						<input type="checkbox"/> Non Veg. <input type="checkbox"/> Veg.	\$
2						<input type="checkbox"/> Non Veg. <input type="checkbox"/> Veg.	\$
3						<input type="checkbox"/> Non Veg. <input type="checkbox"/> Veg.	\$
4						<input type="checkbox"/> Non Veg. <input type="checkbox"/> Veg.	\$
5						<input type="checkbox"/> Non Veg. <input type="checkbox"/> Veg.	\$
6						<input type="checkbox"/> Non Veg. <input type="checkbox"/> Veg.	\$
<i>I will be able to attend, and would like to make an additional donation of:</i>							\$
<i>I will not be able to attend, but would like to make a donation of:</i>							\$
TOTAL AMOUNT							\$
<i>Waiver: I acknowledge and accept the responsibility of safety, liability, and medical insurance for myself, my family, and those I am responsible for, and do accept these restrictions.</i>							
Signature:					Date:		

Payment: Please make checks payable to “**Diocese of South-West America**” and write ‘**HAFYC 2016**’ on the memo line. Submit the check to your Parish Coordinator or Conference Representatives present at your parish on June 19 and June 26, 2016.

For Office use only:

Date Received:	Amount Received	Cash	Check	Check No / Bank:	Receipt No:	Reg ID:
	\$	<input type="checkbox"/>	<input type="checkbox"/>			