



The American Diocese of the Malankara Orthodox Syrian Church
Family & Youth Conference 2008

Wednesday, July 16th – Saturday July 19th

*Committed to the Enrichment of Families *** Reaching out to our Community in Faith*

Registration Form



Primary Registrant:

First Name (Rev./Dr./Mr./Ms.)		MI	Last Name	
E-mail Address		Street Address		
City	State		Zip Code	
Phone Number:		Special Requests:		
Parish Name & Location		Parish Vicar		
Emergency contact Name:		Phone:	Relation:	

First Name	Last Name	Relationship to Primary	Gender (M/F)	Age Group (please mark an 'X' in appropriate box)				
				3 & Under	4 to 11	12 to 16	17 to 25	26 +

Participants: (Please include Names of ALL Participants – including Primary Registrant's Information) (Additional participants must use new form) Please indicate ages of participants under 26 years.

Occupancy	Quantity	Names of Participants	Rates	
Double occupancy			x \$ 385 (on or before May 15 th) x \$ 395 (after May 15th)	= \$
Triple Adult occupancy			x \$ 330 (on or before May 15 th) x \$ 340 (after May 15th)	= \$
Children 11 and under			x \$ 280 (on or before May 15 th) x \$ 290 (after May 15th)*	= \$
Quad Adult occupancy			x \$ 295 (on or before May 15 th) x \$ 305 (after May 15th)	= \$
Children 11 and under			x \$ 245 (on or before May 15 th) x \$ 255 (after May 15th)*	= \$
Total Participants Ages 3 AND UNDER			x \$ 0	= \$ 0

NON-REFUNDABLE DEPOSIT (required with all forms)			\$100.00
Total Rooms		Total Due = \$	
		Total Paid = \$	
		Balance = \$	

ALL REGISTRATION FORMS MUST INCLUDE A NON-REFUNDABLE DEPOSIT OF \$100.00. FULL AND FINAL PAYMENT MUST be in by May 31st, 2008. ** Please make checks payable to "THE AMERICAN DIOCESE." Please write "Family Conference" on memo line. Please mail form and check to: The Family Conference Committee, 80-34 Commonwealth Blvd, Bellerose, NY 11426

Waiver: I acknowledge and accept the responsibility of safety, liability and medical insurance for myself, my family and those that I am answerable for and do accept the restrictions. (If under 18, parent / guardian must sign.)	
Signature:	Date:

****No refunds after June 25, 2008.**

FOR OFFICE USE ONLY: Date(s) Rec'd: #1 #2	Check Num(s): #1 #2	Rept Num(s): #1 #2	ID
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