

2014 DIOCESAN ASSEMBLY

Diocese of the South, Orthodox Church in America

Youth Registration

This form is to be completed for each participant and returned with \$ 110.00 registration fee per participant in the Youth Program.

Registration will not be accepted after July 11th. Please make check payable to St Seraphim Cathedral (memo 2014 DOS Youth Program)

Parish Name: _____

City: _____ State: _____ Zip Code: _____

Parents' Names _____ Youth Participant: _____

Address: _____ Gender M F

City: _____ State: _____ Zip Code _____ Age: _____ DOB: _____

Phone: _____ Email: _____ Phone: _____ Email: _____

Other Emergency Contact information: _____ Shirt Size: *(Circle one)*

_____ Child: S M L XL Adult: S M L XL

Is your child able to swim? Yes No

Food Allergies: _____

List any medication to be administered during the day (9am-5pm) with instructions _____

Health Insurance Carrier : Name _____ Phone _____

Group # _____ Policy # _____

Where will your child be staying during the Diocesan Assembly 2014: Home address indicated above *Please Check*

Hotel Name: _____ Room # _____

Address: _____ City: _____ State: _____ Zip Code: _____

Parent's Signature _____

Check enclosed: \$ _____

Please mail completed form to:

2014 DOS Assembly Youth Program

St Seraphim Cathedral

P.O. Box 191109

Dallas, TX 75219

or scan and email to cathedral@stseraphim.org

FAX 214-526-7170