

# 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 11<sup>th</sup>. 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](mailto:cathedral@stseraphim.org)

FAX 214-526-7170