



**64th Annual Diocese of New York; and Diocese of Charleston
and the Mid-Atlantic Parish Life Conference**

Hosted by: St. John Antiochian Orthodox Church; Levittown, NY July 1-5, 2015

Please fax or mail completed form to:
Diocese of New York and Diocese of Charleston PLC
St. John Antiochian Orthodox Church
80 Water Lane North, Levittown, NY 11756
Phone 516-731-1681 | Fax 631-643-6802
stjohn2015plc@gmail.com
www.stjohnorthodoxchurch.com/plc

REGISTRATION FORM

Register On-line: www.stjohnorthodoxchurch.com/plc

Please write your name as you would like it to appear on your badge. Anyone under the age of 18 MUST submit completed and signed Parent Consent Form and Teen Code of Conduct (Teens only) in order to receive their Badge. Place an X in the appropriate boxes for each listed person. PLEASE PRINT CLEARLY.	TICKET BOOK		INDIVIDUAL EVENTS (Included in Ticket Book)					ADDITIONAL EVENTS								FEES		Total				
	Early Bird Ticket Book	Regular Ticket Book	Youth Dance (Thursday)	Family Night (Thursday)	Youth Pizza Night/Gathering (Friday)	Knafeh Night (Friday)	Hafle, Dinner & Reception (Saturday) 6:30 - 11:30	Clergy & Clergy Wives Lunch (Wednesday)	Antiochian Women Luncheon (Thursday)	Order of St. Ignatius Luncheon (Friday)	20/40 Social (Thursday)	Clergy Wives Tea (Saturday 1pm - 2:30pm)	Sky Zone for Teens only (Saturday)	Hafle only (9:00 pm - 11:30 pm)	Kids Workshop (Thursday)	Kids Workshop (Friday)	Kids Workshop (Saturday)		Processing Fee: (Required for all 12+ who do not purchase event tickets)	Mandatory Registration Fee (Ages 12 & older)		
1																					\$	
2																						\$
3																						\$
4																						\$
5																						\$
6																						\$

Parish Name: _____
 Parish City: _____ State: _____
 Diocese: _____
 Name: _____
 Address: _____
 City: _____

Children (Ages 4-12)	\$45	\$65		\$20		\$15	\$40		\$20	\$20			\$20	\$10	\$10	\$10				\$
Teens (Ages 13-19)	\$100	\$120	\$25	\$25	\$15	\$20	\$75		\$25	\$25		\$20	\$40				\$10	\$10		\$
Adults/Clergy	\$100	\$120		\$25		\$20	\$85	\$35	\$30	\$30	\$25	\$25	\$40				\$10	\$10		\$

Phone: _____ AMEX VISA MasterCard Check
 Email: _____ Credit Card # _____
 Date: _____ Exp. Date _____ CVV2 _____
 State: _____ Zip Code: _____ Amount _____
 Signature _____

We encourage everyone to pre-register. Some events may sell out and will not be available at the Conference. Make check payable to: **“St. John Antiochian Orthodox Church”** and mail to above address. Fax credit card payment to number above. For all credit card payments the name and address on this form must match the name and address on the credit card billing statement.

I acknowledge and understand that all Charges and/or Donations are non-refundable.
 Refer to policy statement: www.antiochianevents.org/privacy/117.

Unsigned forms will not be processed!