

Coptic Orthodox Evangelism Fellowship of North America Group
“Rochester” Missionary Trip
Rochester, NY, July 10th – July 14th
REGISTRATION FORM

PLEASE PRINT CLEARLY:

Last Name: _____ First: _____ M.I _____ Age: _____
Name of Church: _____
Name of Father of Confession: _____
Address _____ City _____ State _____ Zip _____
Home phone:(____) _____ cell:(____) _____ e-mail _____
Emergency Contact Person: _____ Relationship: _____
Phone:(____) _____ Alternative phone #:(____) _____

Traveling Information

Arrival: Date _____ Time _____ Flight # _____ City: _____
 Date _____ Time _____ Flight # _____ City: _____
 Date _____ Time _____ Flight # _____ City: _____
Arrival to Mexico City: Flight # _____ Time _____

Departure: Date _____ Time _____ Flight # _____ City: _____
 Date _____ Time _____ Flight # _____ City: _____

- ❖ **Make sure that you read and sign the Mission Rules Form as well as the Consent Release Form**
- ❖ **Make sure you get the letter of ‘Agreement of the Spiritual Father’ signed and mailed**
- ❖ **Please complete and sign Registration Form. Write a check or Money order if coming from Canada \$80.00 USA, payable to: “Coptic Monastery of Saint Shenouda,” and For: Rochester Mission Trip**
- ❖ **Mail the following: the Registration Form, the Consent and Release Form, and the Agreement of the Spiritual Father before July 1 st, 2008 to:
550 Lehigh Station Road, West Henrietta, NY 14586**
- ❖ **If you have any questions, please e-mail your questions to Rida Sadrack at Rida.sadrack@skanska.com**
- ❖ **Emergency Contacts: Rida Sadrack (407) 466-6239**

Please sign at date:

Signature

Date