

## 2017 EFGOCM CONFERENCE REGISTRATION FORM

Name: \_\_\_\_\_ Preferred Name on Badge: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parish Name and City: \_\_\_\_\_ Arrival Date & Time: \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

Please circle all that apply: Youth Soprano Alto Tenor Bass Director Organist Psalti



*Yes, I give permission to the EFGOCM and the National Forum to use **my/my child's picture or image** if it is needed for EFGOCM and National Forum educational materials, websites, and other social media pages. **(Please initial in box)***

### Youth Permission Form

I hereby give permission for my child (please print), \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_, to participate in the Eastern Federation of Greek Orthodox Church Musicians (EFGOCM) Conference to be held at the St. Demetrios Greek Orthodox Church in Perth Amboy, NJ (Church), and hereby release the EFGOCM and the Church and its agents from any liability for any accident or injury that may occur during the course of said event, including travel to and from activities that may be held at locations other than the property of the Church. I hereby authorize any medical treatment for my child in the case of accident or illness. Further, my child understands that he/she must abide by all rules of the event. I also accept full responsibility for charges resulting from any damage caused by my child.

**This form must be signed and received before your child (age 13-18) can participate in any activities**

Parent/Guardian (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent Contact # \_\_\_\_\_ Child's Allergies \_\_\_\_\_

Health Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_ Ins. Co. Phone \_\_\_\_\_

### Program Book

In celebration of this event, a program book will be given to our visitors from throughout the New Jersey Metropolis

Please consider supporting this event by placing an ad, announcement, or welcome to our participants

Email Program Book Artwork by **October 9<sup>th</sup>** to: [pmavromihalis@gmail.com](mailto:pmavromihalis@gmail.com)

Please circle ad size: \$100 Full Page \$75 Half Page \$50 Qtr Page \$25 Business Card \$10 Friend/Name Only

### Payment Enclosed

#### Registration Fees & Program Book

Adult Registration before Oct 2<sup>nd</sup>  x \$175 = \$ \_\_\_\_\_

Adult Registration after Oct 2<sup>nd</sup>  x \$195 = \$ \_\_\_\_\_

Youth 13-26  x \$ 75 = \$ \_\_\_\_\_

Program Book Ads  \$ \_\_\_\_\_

#### EFGOCM Guest Meals

Friday Lunch  x \$20 = \$ \_\_\_\_\_

Friday Dinner  x \$20 = \$ \_\_\_\_\_

Saturday Lunch  x \$20 = \$ \_\_\_\_\_

Saturday Glendi  x \$25 = \$ \_\_\_\_\_

Sunday 100<sup>th</sup> Anniversary Luncheon  x \$35 = \$ \_\_\_\_\_

#### Total Enclosed

\$ \_\_\_\_\_

Early Bird Registration

List Guest's Special Dietary Needs:

Children 6-12 years old \$20, under 6 free

No Refunds after October 19<sup>th</sup>



Please make all check(s) payable to: **EFGOCM Conference**  
 Mail completed form with check(s) to: **EFGOCM, 11371-2 Iager Blvd, Fulton MD 20759**  
 For more information contact: **Paul Mavromihalis, 301-455-6785** or [pmavromihalis@gmail.com](mailto:pmavromihalis@gmail.com)



*"Make a joyful noise unto the Lord, Come into His presence with singing." Psalm 100 Verses 1, 2*