

## 2019 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 box)***

### Youth Permission Form (Under 18)

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. George Greek Orthodox Church in Bethesda MD (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 can participate in any activities**

Parent/Guardian (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 Parent Contact # \_\_\_\_\_ Child's Allergies \_\_\_\_\_  
 Health Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_ Ins. Co. Phone \_\_\_\_\_

### Commemorative Album

In celebration of this event, an album is given to our visitors from throughout the Metropolis of New Jersey  
 Please consider supporting this event by placing an ad, announcement, or welcome to our participants

Email camera-ready artwork by **October 7<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 Sep 26<sup>th</sup>     x \$175 = \$ \_\_\_\_\_  
 Adult Registration after Sep 26<sup>th</sup>     x \$195 = \$ \_\_\_\_\_  
 Young Adult Registration (13-26)     x \$ 75 = \$ \_\_\_\_\_  
 Commemorative Album Sponsorship     \$ \_\_\_\_\_

Early Bird Registration

#### Guest Meals

Thursday Dinner     x \$20 = \$ \_\_\_\_\_  
 Friday Lunch     x \$20 = \$ \_\_\_\_\_  
 Friday Dinner     x \$30 = \$ \_\_\_\_\_  
 Saturday Lunch     x \$20 = \$ \_\_\_\_\_  
 Saturday Banquet     x \$40 = \$ \_\_\_\_\_  
 Sunday Luncheon     x \$20 = \$ \_\_\_\_\_

List Guest's Special Dietary Needs:

**Total Enclosed**

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

No Refunds after October 10<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*