



The Syro-Malankara Catholic Apostolic Exarchate in the USA

1500 De Paul Street, Elmont, NY 11003

www.syromalankarausa.org



North-East Regional Family Conference

August 9-10, 2014

REGISTRATION FORM

Reg #: Office Use Only

Complete the registration form by printing all applicable information in block letters
Read the instructions and information on the next page before filling up this form

First name	MI	Last name	Gender (Circle One) M / F	Age
Name of your Parish		Place		
Home Address		City	State/Province	Zip Code
Home Phone	Cell Phone	Email		

Other family members participating in the conference

	First name	Last name	Age	Gender (Circle One)	Relationship
1				M / F	
2				M / F	
3				M / F	
4				M / F	
5				M / F	
6				M / F	
7				M / F	

Special needs if any:

Name:	
Name:	
Name:	

SIGNATURE: Valid Signature is required for the acceptance of registration. By signing in the form, participants accept and agree to abide by any applicable local/state/federal/church rules and regulations. The Syro-Malankara Catholic Exarchate reserves the right to deny, suspend or terminate the privilege of participants at any time for any violation of such rules. In case of a dispute, the decision of the core committee comprising of Chairman, Co-chairman, General Convener and General Secretary will be final.

I and all others mentioned in this registration form agree to comply with all the rules and regulation set forth by the Syro-Malankara Catholic Exarchate in the United States relevant to the registration and family conference.

Name/Your Signature: _____ Date: _____

Certified by the Parish Priest: _____ Date: _____

Parent's or legal guardian's signature is required for anyone under the age of 18, if not accompanied by parents/legal guardian

Name/(Parent/Legal Guardian) _____ Signature: _____ Date: _____

	Number of Participants	Cost per person	Total	
Adults & Children above 5 years (Born on Aug 5 th 2009 or before)				\$60 per person if the total number of paying participants is 4 or less. If 5 or more paying participants from the same family, then registration cost is \$50 per person
Child 5 years & Below (born on Aug 6 th 2009 or after)		Free		
Payment enclosed	\$	Do you require accommodation (circle Yes or No)	Yes	No
If yes, would you prefer to stay with one of our families or at a hotel? (Circle Family or Hotel)	Family	Hotel	If staying at a hotel, you will be required to pay for the accommodation. Committee will provide name of the preferred nearby hotel and telephone number.	

Office use only - Please do not fill anything in this section

Date received: _____ Official: _____ Registration #: _____ Date confirmation sent: _____

Remarks: _____

Registration Instructions and Information

- Only one registration form is required per family.
- The Registration Form can be downloaded from the official website of the exarchate - www.syromalankarusa.org
- Normally, children are admitted only along with the parents or guardians.
- Please provide the age of the participants, as it helps the organizers to plan for various programs, especially for the youth and children.
- Guests are not considered part of the family and therefore require individual registration.
- Please make the full payment when the registration forms are submitted
- Conference will begin at 9AM on Saturday Aug 9th 2014 and will end at 4PM on Sunday Aug 10th 2014.
- If staying at a hotel, you will be required to pay for the accommodation. Committee will provide name of the preferred nearby hotel and telephone number
- At the time of hotel check-in, you may be required to present your credit card.

Conference rates include food only.

- Registration fee is \$60 per person. If there are 5 or more paying participants from a single family, the registration fee will be \$50 per person. A child born on or after Aug 6th 2009 does not have to pay.

PAYMENT: Please make personal check, cashier's check or money order payable to "**Syro-Malankara Catholic Exarchate**". A bank service fee of \$35 will be charged for returned checks. Please send your completed Registration Form and the payment to the address below or entrust it to the coordinators from your parish.

Mailing Address:

Important Dates

ATTN: Fr. Sunny Mathew Kavuvila
1500 De Paul Street
Elmont, New York 11003

Registration begins: April 13th 2014
Registration ends: July 13th 2014

PARISH COORDINATORS: Mr. Roy Sam (Washington); Mr. John Edathil (Philadelphia); Mr. John Varghese (New Jersey); Mr. Mathai P. John (Rockland); Mr. Raju Mundolil (New Rochelle); Mr. Varghese Zachariah and Mr. John Ettikalayil Sr. (Cathedral)

CONFIRMATION: You will receive an email confirmation about your registration from the registration convener.

Registration Enquiries: Registration Convener: Rev. Fr. Sunny Mathew Kavuvila: (347) 666 7426, frsunnykavuvila@gmail.com
Registration Secretary: Biju Kuruvilla: (609) 556 8338, biju98@yahoo.com
Conference General Secretary: Thundiyath Babukutty: (917) 589 8391, thundiyath@gmail.com