

ST. MARY'S COPTIC ORTHODOX CHURCH 4110 204th St SW Lynnwood, WA 98036

Event Date

Name:			
Address:			
City:	State:	Zip:	
Phone number:			
Date of Birth:			
Email:			
Emergency Conta	ct Name:		
Emergency Conta	ct Phone Number:		
	s, medications, or specia	al needs:	
All deposits must refundable.	be handed on time or p	enalty fees will be incurr	ed. They are non
This registration f signed.	form is to be handed in 1	no later than	completed and
	t you are definitely goir eposits and there are i	ng on this trip before hand on exceptions!	ding in this form. We

If you are unable to make any of these payments on time please let us know so that we can arrange for another time to make that payment. If you have any questions or concerns please contact _____ (person in charge of event).

Payment is ______(amount) and is due no later _____

(date).