



Registration Form

1. The position for which you are registering: (Please check those that apply)

Participant Team Chaplain/Spiritual Director Nurse

2. The weekend for which you are registering:

Vocare #9, Jun 6-8, 2008
Registration - \$50.00

Vocare #10, Nov. 7-9, 2008
Registration - \$50.00

◆ Vocare weekends are held at **Dayspring Episcopal Conference Center** located at *8411 25th Street East, Parrish, FL 34219.*

◆ All registration materials **must be received by the diocese 6 weeks prior to the event.** There is a non-refundable event fee of one third (1/3) the event cost. There will be no refund after the diocesan event deadline.

◆ **Mail completed registration form along with your check made payable to "DIOCESE OF SOUTHWEST FLORIDA"**
Attn: Young Adult Ministry, Diocese of Southwest Florida, 7313 Merchant Court, Sarasota, FL 34240

Name: _____ Gender: M F

Address: _____ City: _____ Zip: _____

(Please provide a permanent alternate address if you are a college student)

Address: _____ City: _____ Zip: _____

E-mail: _____ Phone: _____

Emergency contact information must be completed:

Name: _____ Phone: _____

Church, City: _____

How did you hear about Vocare:

A friend Church Mailing / Flyer
 Web Site Other _____

T-Shirt Size: *(Check the appropriate box)*

S	M	L	XL	XXL	XXXL

For more information about Vocare, visit:
<http://www.dioceseswfla.org/youth/youthmain.htm>
 or contact Event Director:
 Lyndsey Morris – *Phone: (941) 962-4228*
E-mail: vocareswfla@yahoo.com
 or
 Deacon Katherine Tate – *Phone: (800) 992-7699, Ext. 203*
E-mail: ktate@episcopalswfl.org

Visa / MasterCard #: _____
 Debit Card #: _____ *(last 3/4 digits on back of card)*
 Exp. Date: _____ Amt: \$ _____

For office use only:
 Date: _____ Check #: _____
 Amount: \$ _____ By: _____