

Voc@re Registration

For dates and costs, visit our
website at www.dioceseswfla.org or e-mail
Rachel Kendzior at vocareswfla@yahoo.com

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Gender: M F E-mail: _____
DOB: _____ T-shirt size: S M L XL
Church: _____ City: _____
Smoker: Y N Contact Person: _____
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____

participant



staff



Covenant

- I will respect the confidentiality of the group.
- I will be present at and participate in all the activities of the group and will not separate myself from the community by either actions or attitude.
- I will not bring, use, or be under the influence of alcohol, or drugs of any kind while participating at our activities or events.
- I will not, at any time, participate in any form of sexual activity or anything that may be misconstrued as any form of sexual activity.
- I will not bring or possess any form of weapon, including firearms, knives of any size or fireworks of any kind to our activities or events.

I understand and agree to abide by the Covenant

Signature of Participant: _____

Emergency Care: Please bring a copy of your insurance card, if available.

Please list any special needs (including dietary): _____

Staff

- What weekend and where did you attend? _____
- What position(s) have you held? _____
- What gifts or talents do you bring to this weekend? _____
- What instruments do you play? _____
- Are you willing to give a talk? _____

Please mail this completed form along with your check, made payable to: Diocese of Southwest Florida, Attn: Jean Bordeaux, 7313 Merchant Court Sarasota, Florida 34240

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