



## Hymns Class Retreat – February 13-15, 2015

**First Name**

**Last Name**

**Address**

**City**

**ZIP**

**E-mail**

**Telephone No.**

**Grade**

- Grade 5
- Grades 6-8 (Jr. High)
- High School
- College/University
- Adult or Servant

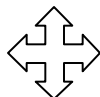
**Rank**

- Chanter (Psaltos)
- Reader (Oghnostos)
- Subdeacon (Epidiakon)
- Ecclesiastical Choir Girl
- No rank or don't know

**Special Requests**

\_\_\_\_\_  
**Signature of Applicant (if over 18) or Parent**

\_\_\_\_\_  
**Date**



**ST. MARINA COPTIC ORTHODOX CHURCH**  
**Registration & Release of Liability Form**

What: **Hymns Classes Retreat 2015**  
When: February 13, 14, 15  
Where: Coptic Village – Big Bear Lake, CA  
Who: Deacons; Grade 5 and above  
How: Bus will depart St. Marina Church at 3:30pm on Friday (02/13/10).  
Bus will return to St. Marina Church by 7:00pm on Sunday (02/15/10).  
Cost: **\$100.00/person**  
**\$90.00/person (family of 2 or more)**

Please complete this form, register and pay online no later than  
February 6, 2015. Anything received later will not be accepted.

Please contact the following with any questions/concerns:  
Fr Moses Samaan (951)256-0469; Michael Fam (949) 637-1772;  
Deena Fam (949) 357-3740 or Maged Mecheal (949) 395-2920

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Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail address: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Can we take appropriate medical action in case of an emergency? YES NO

I \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
understand that neither St. Marina Coptic Orthodox Church nor the Coptic Orthodox Diocese of  
Los Angeles or any of its affiliated members/organizations are responsible for any accidents  
incurred while on the retreat. This includes, but is not limited to injuries to youth members,  
damaged possessions, etc. I also understand that disciplinary measures may be taken at the  
discretion of the retreat staff if the rules and regulations are not upheld, up to and including  
dismissal from the retreat. I understand that my son/daughter will be required to leave if there are  
any issues with discipline. I also give permission to appropriate personnel to administer proper  
health care if my son/daughter is injured or requires other care.

Participant (if under 18) / Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_