



GREEK ORTHODOX METROPOLIS OF SAN FRANCISCO

CHURCH MUSIC FEDERATION

2018 Church Music Conference - August 23-26, 2018

San Diego, California

Registration Deadline August 10, 2018 - No refunds

Name _____	OFFICE USE
Address _____	Date Rec'd _____
City _____ State _____ Zip _____	Amt Rec'd _____
Phone _____ Mobile _____	Check# _____
E-mail _____	
Parish _____ Parish City _____	
Emergency Contact _____	Phone _____

Please mark all the appropriate items below:

_____ Adult Choir Singer	_____ Parish Priest	_____ Soprano	_____ Alto
_____ Youth Choir Singer	_____ Chanter	_____ Tenor	_____ Bass
_____ Choir Director	_____ Organist	_____ Non-Singer Participant	

Registration Fees:

Adult Registration (required for all adult choir participants)	\$250.00	\$ _____
Late Registration (if post marked after 8/10/18 or credit card via phone/e-mail)	\$280.00	\$ _____
Youth Choir Registration (required for all youth participants)	\$60.00	\$ _____

Must complete enclosed Medical and Release form

Additional Event Tickets (for non-conference participants)	Number of tickets		
_____ Friday Lunch _____	\$15.00 x _____ =	\$ _____	
_____ Friday Dinner/Eikona Concert _____	\$30.00 x _____ =	\$ _____	
_____ Saturday Awards Luncheon _____	\$20.00 x _____ =	\$ _____	
_____ Saturday Evening Banquet _____	\$85.00x _____ =	\$ _____	
_____ Sunday Farewell Luncheon _____	\$20.00 x _____ =	\$ _____	
_____ Sunday Farewell Luncheon (Youth under 14) _____	\$15.00 x _____ =	\$ _____	
	Total Amount Enclosed	\$ _____	

_____ Please mark here if you prefer vegetarian meals **Transportation is NOT provided from the Hotel to the church or back.**

_____ Please mark here and list any substantial food allergies on the reverse side of this form.

Please make checks payable to **St. Spyridon Church** NOTE: Checks are preferred

Or pay by credit card for a \$5.00 fee. Check one: MC: _____ Visa _____ Discover _____ AMEX _____

Name as it appears on the Credit Card: _____

Credit Card Number _____ Expiration date _____ Security Code _____

Cardholder Signature _____ Date _____

Please mail completed form with check (if applicable) to:

Spero Tzathas 12750 Maplewood Court Poway, Ca. 92064 (619)-917-9590 spe1@cox.net