



## VOCARE APPLICATION

### Vocare #3

Diocese of Upper South Carolina

**April 11-13, 2008**

#### Personal Info:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Parish: (Name & City) \_\_\_\_\_

#### Other Info:

Please list any dietary requirements: (Food allergies, vegetarians, etc.)

\_\_\_\_\_

Please list any medications you are on:

\_\_\_\_\_

Who should we call in case of an emergency: (Name, Number, & Relationship)

\_\_\_\_\_

Birthday: \_\_\_\_\_ T-Shirt Size: S M L XL XXL

#### Event Info:

**The fee for the weekend is \$50.00**

Please make checks payable to "Episcopal Diocese of Upper SC for Vocare"

**Please email this form to [eduscvocare@gmail.com](mailto:eduscvocare@gmail.com)**

**Mail registration fee to:** Diocese of Upper SC for Vocare

1115 Marion St. Columbia, SC 29201

Direct questions to:

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