



VOCARE TEAM 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: _____

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"

Email this form to eduscvocare@gmail.com or Mail registration fee to:

Diocese of Upper SC for Vocare
1115 Marion St. Columbia, SC 29201

Direct questions to:

Casey Elliott, Upper SC Vocaré Lay Director,
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Flynt Kohn, Rector
(803) 741-6330 or walkbyfaithfk@gmail.com