

# REGISTRATION FORM

★ DC WEEKEND 2005 NOVEMBER 3-7 ★

name \_\_\_\_\_

address \_\_\_\_\_

city, state, zip \_\_\_\_\_

date of birth \_\_\_\_\_

are you: male ☐ female ☐

telephone \_\_\_\_\_

email \_\_\_\_\_

emergency contact \_\_\_\_\_

emergency contact phone # \_\_\_\_\_

how many yal conferences have you attended? \_\_\_\_\_

how did you hear about this? person ☐ \_\_\_\_\_

priest ☐ local YAL ☐ flyer ☐ website ☐ other ☐ \_\_\_\_\_

## REGISTRATION FEE (per person)

☐ **\$35 : 25 and under** (Proof of age will be required at check-in)

☐ **\$55 : Pre-Registration rate** (Before Friday, October 14th. Saves you almost \$50 for all 3 weekend events!)

☐ **\$70 : Walk-In**

☐ **\$50 : Saturday Night Dance Only**

total enclosed: \$ \_\_\_\_\_

**Paying by credit card? ★**  
Additional \$5 processing fee.  
Log on to [www.dcgreeks.com](http://www.dcgreeks.com)  
for more info ★

By signing below, I expressly acknowledge that I am holding harmless the Greek Orthodox Archdiocese of America, the organizers of the 2005 DC Weekend, and their employees and agents, from any and all liability connected with my travel to and participation in all events sponsored by the DC Weekend. I also acknowledge that my registration fee is non-refundable.

legal signature \_\_\_\_\_

\* Please mail this form, along with a check or money order to:

YAL DC Weekend  
105 Twelve Oaks Drive  
Gaithersburg, MD 20878

Each person must fill out their own individual form.  
Checks can include multiple registration fees, but please include, on each form, the name of the person paying for you by check and that check number.