# REGISTRATION FORM

# Creation of a Lay Reader Conference 2024

Please complete the information below and send by mail or electronically to: Janet Borneman, Trinity Anglican Church, 6 Church St, Parry Sound, ON P2A 1Y3, 705-746-5221 or to jborneman@vianet.ca

First Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deanery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In person attendees only**:

Emergency Contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medical information the organizers should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration**:

I am attending in person and will need lunch **$20** \_\_\_\_\_\_\_\_\_\_

I am bringing a guest for lunch $20 \_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE:**

**Two payment methods for your registration fees\*:**

**eTransfer** to the Registrar at Trinity Anglican Church: trinitychurchparrysound@gmail.com

**Payment by cheque:** Cheques should be made out to the Trinity Anglican Church, 6 Church St, Parry Sound, ON P2A 1Y3. Please put Lay Reader conference in the memo line.

\*The deadline for in person registrations to be received is **Sep 30** and payment in full must also be received by this deadline.

**Accommodation and Dietary Preferences:**

I require the following dietary choices Gluten-free \_\_\_\_\_\_\_\_\_\_

 Vegetarian \_\_\_\_\_\_\_\_\_\_

 Other (please specify) \_\_\_\_\_\_\_\_\_\_

I have a severe allergy to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*PLEASE NOTE: Only those who note their special dietary needs/choices on the registration form will be accommodated. Those preparing our lunch cannot be expected to adjust for last minute changes.\***

If you have any questions, please contact Janet Borneman.