



**Diocese of Worcester and New England Parish Life Conference
June 21-23, 2024**

Hosted By: St. Michael Church (Cotuit, MA)
62 Main Street, Cotuit, MA 02635
(508) 420-1113

worcesterplc@antiochianevents.com ~ www.worcesterplc.org

Event Registration Form

Registration Deadline: June 14, 2024

We encourage everyone to pre-register. Some events may sell out and will not be available at the Conference.

First Name	Last Name	Birthdate <i>Ages 18 & under</i>			Organization Affiliation					Group	Individual Events							Fees		Total (USD)							
		Month	Day	Year	Antiochian Men	Antiochian Women	Order of St. Ignatius	Teen SOYO	Young Adult Ministry		Children (Ages 4-12)	Teens (Ages 13-18 Only)	Adults (Ages 19+)	Clergy Bishop, Priest & Deacon Only	Clergy Wives Priest & Deacon Wives only	Fr: Antiochian Women's Meeting and Breakfast	Fr: Dinner at the Social Reception	Sat: Order of St. Ignatius and Diocesan Mission Council Luncheon	Sat: SOYO Business Meeting with Lunch Beach		Sat: Family Walking Tour of Plymouth & Mayflower II	Sat: Sunset Cruise, Dinner and Dance on the Pilgrim Belle	Processing Fee: <i>Required for all 12+ who do not purchase an event</i>	Mandatory Registration Fee <i>Ages 12 & older</i>			
Please Print Clearly how you want your name to appear on your badge Anyone under the age of 18 MUST submit a completed and signed Minor Participation Form prior to receiving their Badge. Place an X in the appropriate boxes for each listed person.																											
1.																							\$				
2.																							\$				
3.																							\$				
4.																							\$				
5.																							\$				
										Children	\$25	\$10	\$40		\$10	\$30									TOTAL:		
										Teens	\$25	\$25	\$40	\$20	\$20	\$45	\$20	\$15								\$	
										Adults	\$25	\$25	\$40	\$20	\$20	\$45	\$20	\$15									
										Clergy	\$25	\$25	\$40	\$20	\$20	\$45	\$20	\$15									
										Clergy Wives	\$25	\$25	\$40	\$20	\$20	\$45	\$20	\$15									

Name: _____

Address: _____ City, State/Province, Zip Code/Postal Code: _____

Telephone: _____ E-mail: _____ Diocese: _____

Parish Name: _____ Parish City: _____ Parish State/Province: _____



Payment Form

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Please complete the information and mail or e-mail completed form to the information

<p>Purchase Item (s) <i>Check all item(s) that is for this payment:</i></p> <p> <input type="checkbox"/> Event Registration <input type="checkbox"/> Souvenir Journal <input type="checkbox"/> Sponsorship <input type="checkbox"/> Donation </p>
<p>Payment Options (Check one):</p> <p> <input type="radio"/> Credit/Debit Card <input type="radio"/> Check (E-Check) <input type="radio"/> Cash/Money Order </p>
<p>Credit/Debit Card Information <i>to be completed for all Credit/Debit Card Payments</i></p> <p><input type="checkbox"/> Credit/Debit Card billing address is same as previous page, if different billing address, please include billing address below</p> <p>Credit/Debit Card No: _____</p> <p>CVV2: _____ Exp. Date: _____</p>
<p>Check (E-Check) Information <i>to be completed for all Check Payments</i></p> <p>U. S. Accounts Only!</p> <p><input type="checkbox"/> Checking Account billing address is same as previous page, if different billing address please include billing address below</p> <p>Bank Account Type <input type="radio"/> Checking <input type="radio"/> Business Checking</p> <p>Name on Checking Account: _____ <i>As its appears on check</i></p> <p>Bank Routing (ABA) Number: _____ <i>9 Digit Bank Code (see Sample on right side)</i></p> <p>Bank Account Number: _____ <i>6-15 digit account number (see sample in eight side)</i></p>

All forms must be completed and include full payment in order to be accepted and processed

Please Include Credit/Debit or Checking Account Statement Billing address if different than provided first page

Name: _____

Billing Address: _____

City, State, Zip Code: _____

I acknowledge and understand that all purchases and/or donations are **non-refundable** as set forth in the Privacy Statement at at <http://www.antiochianevents.org/worcester/terms-of-use>; and hereby authorize the Antiochian Archdiocese, Diocese of Worcester and New England Parish Life Conference, to charge the credit/debit card or bank account as set forth on this form for all purchases and/or donations. When paying by check, **only checks drawn from U. S. Banks** will be accepted (for all other payments, please use credit/debit card). All checks **will be processed electronically** (via E-Check/ACH). Please do not mail a check with form. *All checks/credit card charges will appear on your statement as Antiochian Archdiocese.*

Amount: \$ _____ (USD) Date: _____

Signature _____

Signature required for all forms; Unsigned forms will not be processed!

Sample Credit/Debit Card



Sample Check

