

## MAR GREGORIOS ORTHODOX CHRISTIAN STUDENT MOVEMENT



## **UNIT REGISTRATION 2018**

Unit Name (Church Name)				
Location (City and State)			Number of Active Members *	
Parish Priest's Name		E-mail Address		
Parish Priest's Signature			Phone Number	
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		E 1411		
MGOCSM Parish Representative's Name		E-mail Address		
Phone Number (Cell)	Phone Nur		ber (Home)	
MGOCSM Area Council Member's Name		E-mail Addres		
MGOCSM Area Council Member's Name		E-mail Addres	55	
Phone Number (Cell) Phone N		lumber (Home)		
Please make (\$ 100.00) checks payable to				
"Diocese of South-West America (MGOCSM)" and mail with form to: Ms. Sophy Cherian c/o DS-WA MGOCSM		the parish between the ages of 13-24, who has attended at least one MGOCSM event in the last 6 months.		
4123 Lake Vista Circle. Missouri City. TX 77459				

## ALL FORMS AND CHECKS ARE DUE NO LATER THAN NOVEMBER 19, 2017

ONLY Registered Units are eligible to receive seats at Leadership Camp

## FOR OFFICE USE ONLY:

Date Received:	Check #	Receipt #	Date Confirmed: