**REGISTRATION FORM**

Church of the Holy Apostles, St. Paul’s of Katy, and the Order of the Daughters of the King invite and welcome you to the Diocese of Texas Diocesan Fall Assembly September 9 & 10, 2016 at Camp Allen, 18800 FM 362, Navasota, TX 77868,

(936) 825-7175.

Map to Camp Allen available at [www.campallen.org](http://www.campallen.org). Download these forms at [www.dokdot.org](http://www.dokdot.org).

Check One:

\_\_\_\_ $105 Postmarked by August 19th; $110 after August 19th. Double occupancy at Camp Allen. Includes lodging, dinner, and reception Friday evening; breakfast and lunch Saturday.

\_\_\_\_\_ $50 Offsite Lodging includes Friday dinner and reception, and Saturday lunch.

\_\_\_\_\_ $25 Saturday only includes lunch.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check one: \_\_\_\_\_\_Clergy \_\_\_\_\_\_Clergy Spouse \_\_\_\_\_\_ DOK \_\_\_\_\_\_Visitor

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parish Name and Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Mobility or Dietary Needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For those including email, you will be sent an email confirmation of registration.***

Name of roommate preference/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If no roommate listed, a roommate will designated.*

Vendor for Assembly (circle) Yes No Table Rental ($35 per table): \_\_\_\_\_\_\_

Check Number: \_\_\_\_\_\_\_\_\_\_ Check Amount: \_\_\_\_\_\_\_\_

Address questions to Lisa Sivils at (281) 384-1164 or [lsivils29@gmail.com.](mailto:lsivils29@gmail.com.)

Complete and mail this page with your check payable to **COTHA** and mail to:

**Lisa Sivils, 21211 Park Willow Dr., Katy TX 77450.**