



Coptic Orthodox Diocese of the Southern United States
Servants' Preparation Program 2003
Application form

Church Name: _____ Church City and State: _____

Priest's name: _____

Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Age: _____ Grade (as of September 2003): _____

I would like to attend: Boys () Girls () College ()

Emergency Medical Information

Father's Work #: (____) _____ - _____ Mother's Work #: (____) _____ - _____

Emergency Contact: _____ Contact Phone: (____) _____ - _____

Doctor's Name: _____ Additional Phone (Cell, Pager): (____) _____ - _____

Insurance Company: _____ Policy No: _____

Any special circumstances regarding the participant:
