

# 2016 ASSEMBLY

## DIOCESE OF SITKA AND ALASKA

### CLERGY DELEGATE REGISTRATION

*Please type or print neatly.*

PARISH/ MONASTIC INSTITUTION NAME
LOCATION

RANK/MONASTIC TITLE (Priest, Deacon, Archpriest, Mother, etc.)	
NAME	
MAILING ADDRESS	
CITY, STATE	ZIP CODE
HOME/LAND PHONE	CELL PHONE
E-MAIL ADDRESS	
SIGNATURE & DATE	

This year's Assembly has a registration fee of \$50.00 per person. *Please keep in mind that delegate registration should be paid by your parish. It is preferred that registration fees be received by mail no later than Friday October 21, 2016 at the following address:*

ORTHODOX DIOCESE OF SITKA AND ALASKA, 7031 Howard Ave, Anchorage, AK 99504

Only if necessary, paid in person no later than FRIDAY, NOVEMBER 4, 2016, prior to the Diocesan Assembly opening Molieben.

Registration Fee (Check or Money Order -if mailed) is enclosed

If form of payment covers more than 1 person's registration, please list, by name, each individual covered. Please return all registrations covered by the payment at the same time (if a check for \$100 covers 2 people, list those 2 people by name, and turn in their paperwork together).

---



---

CLERGY DATA FORM  
2016

Rank: \_\_\_ Archpriest \_\_\_ Igumen \_\_\_ Priest \_\_\_ Deacon

Name: \_\_\_\_\_  
(Last, First)

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

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

Phone Numbers: \_\_\_\_\_ Cell: \_\_\_\_\_

My Personal Day is: Monday / Tuesday / Wednesday / Thursday / Friday (circle one)

Resident Parish, Location, & are you Assigned, Attached, Rector, Acting Rector, or Priest-in-Charge  
(i.e.: St. Nicholas Church, Eklutna, Priest-in-Charge)

\_\_\_\_\_

Who is your Dean? \_\_\_\_\_

If you are a Dean, which Deanery? \_\_\_\_\_

If you are a Dean, list the Parishes (**Name and Location**) in your Deanery: (if you need additional space, continue on the back)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you have other parish assignments? Yes \_\_\_\_\_ No \_\_\_\_\_

*If you answered **Yes**, please complete page 3 of this form. You may copy page 3 for additional assignments.  
If you answered **No**, you are finished. Please return this form to Chancery Representative.*

**Parish Contact Information**  
**2016**

**Clergy Name:** \_\_\_\_\_

Parish Name, Location & are you Assigned, Attached, Rector, Acting Rector, or Priest-in- Charge:

\_\_\_\_\_  
Lay Contact Person Name & Mailing Address:

\_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: (907) \_\_\_\_ - \_\_\_\_\_  
\*\*\*\*\*

Parish Name, Location & are you Assigned, Attached, Rector, Acting Rector, or Priest-in- Charge:

\_\_\_\_\_  
Lay Contact Person Name & Mailing Address:

\_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: (907) \_\_\_\_ - \_\_\_\_\_  
\*\*\*\*\*

Parish Name, Location & are you Assigned, Attached, Rector, Acting Rector, or Priest-in- Charge:

\_\_\_\_\_  
Lay Contact Person Name & Mailing Address:

\_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: (907) \_\_\_\_ - \_\_\_\_\_  
\*\*\*\*\*

Parish Name, Location & are you Assigned, Attached, Rector, Acting Rector, or Priest-in- Charge:

\_\_\_\_\_  
Lay Contact Person Name & Mailing Address:

\_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: (907) \_\_\_\_ - \_\_\_\_\_  
\*\*\*\*\*

Parish Name, Location & are you Assigned, Attached, Rector, Acting Rector, or Priest-in- Charge:

\_\_\_\_\_  
Lay Contact Person Name & Mailing Address:

\_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: (907) \_\_\_\_ - \_\_\_\_\_