

APPLICATION FORM

Episcopal Vicariate of Great Britain and Ireland
ORTHODOX SUMMER CAMP 2008 WALES

Parent's details:

Name:.....
Address:.....
.....
Postcode:..... Telephone (H):.....(M):.....
Email:.....
Parish:..... Parish priest:.....

Children's details:

Name	Boy/Girl	Date of birth
1.....
2.....
3.....

Please return your completed form *as soon as possible* to:

Deacon Peter Scorer
32 Barnfield Road, EXETER, EX1 1RX
or e-mail:peterscorer@hotmail.co.uk

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