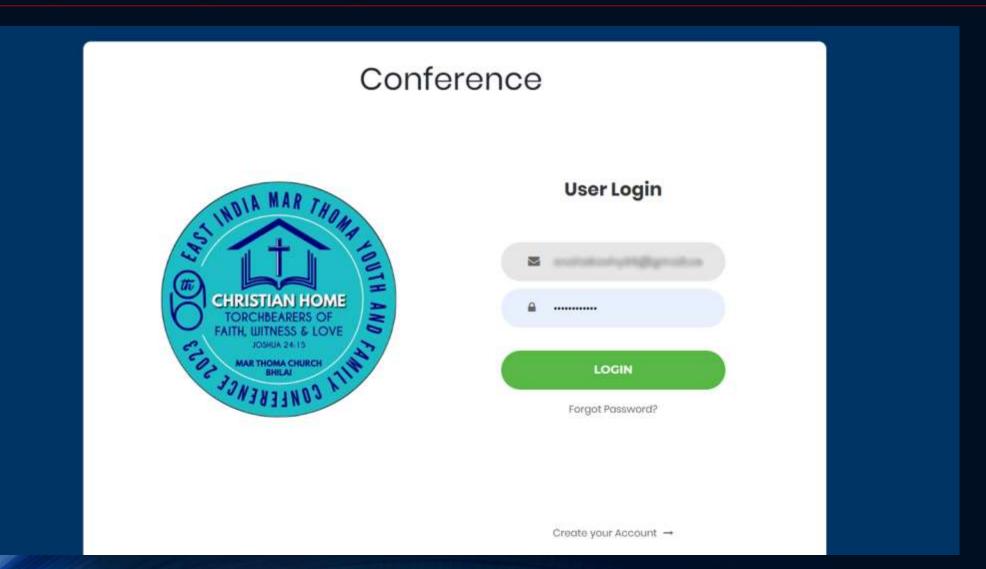
Adding participants

SUBTITLE

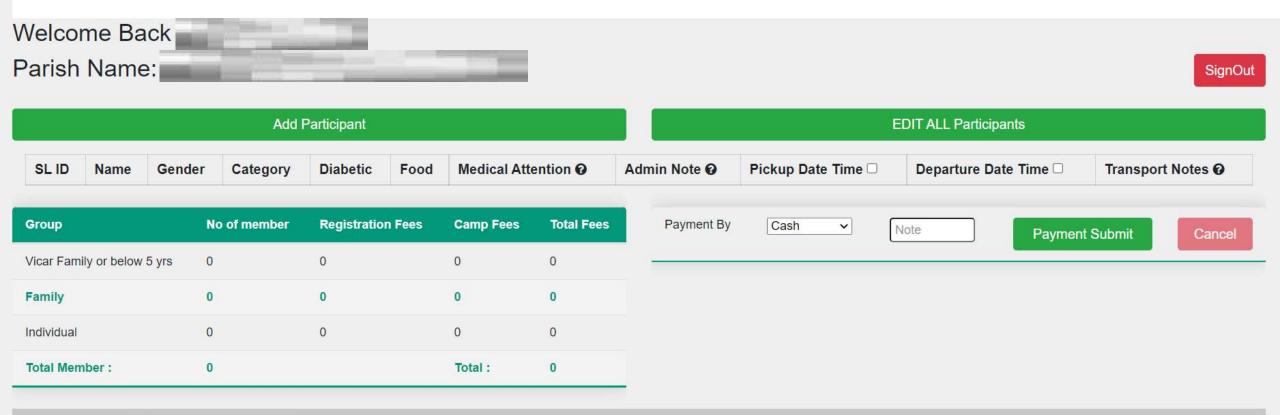
Login using the registered e- mail id and password



The registration form opens.



69th EAST INDIA MAR THOMA YOUTH AND FAMILY CONFERENCE 2023





Click the Add Participant



69th EAST INDIA MAR THOMA
YOUTH AND FAMILY CONFERENCE 2023

Welcome Back

Parish Name:

Total Member:

SignOut

Payment Submit

Transport Notes @

Cancel

											EI	OIT ALL Participa	ants			
SL ID Name G		Gend	er Category		Diabetic	Food	Medical Att	Medical Attention @		Note @	Pickup Date Time □			Departure Date Time		
Group			No	of member	Registratio	n Fees	Camp Fees	Total Fees	P	ayment By	Cash	~	No	ote	Payme	
Vicar Family	y or below	5 yrs	0		0		0	0								
Family			0		0		0	0								
Individual			0		0		0	0								

Total:

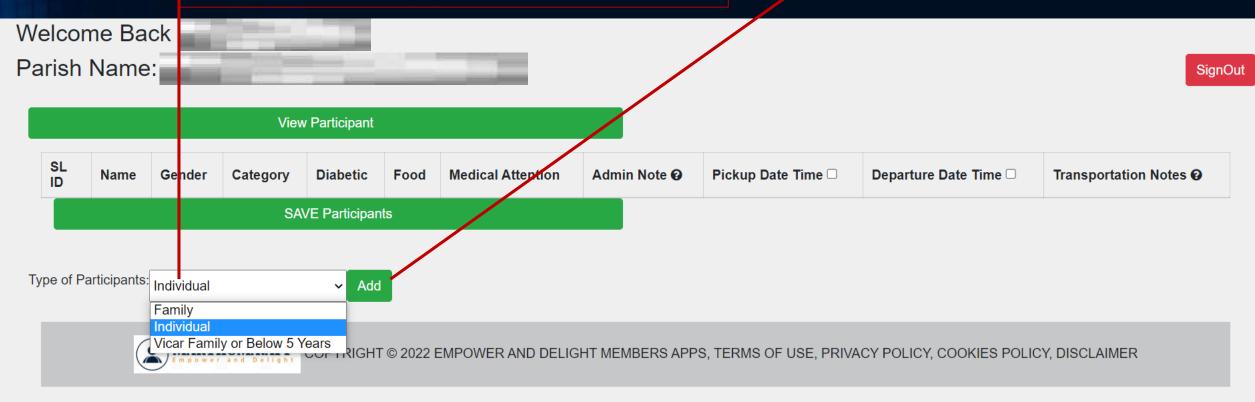
0



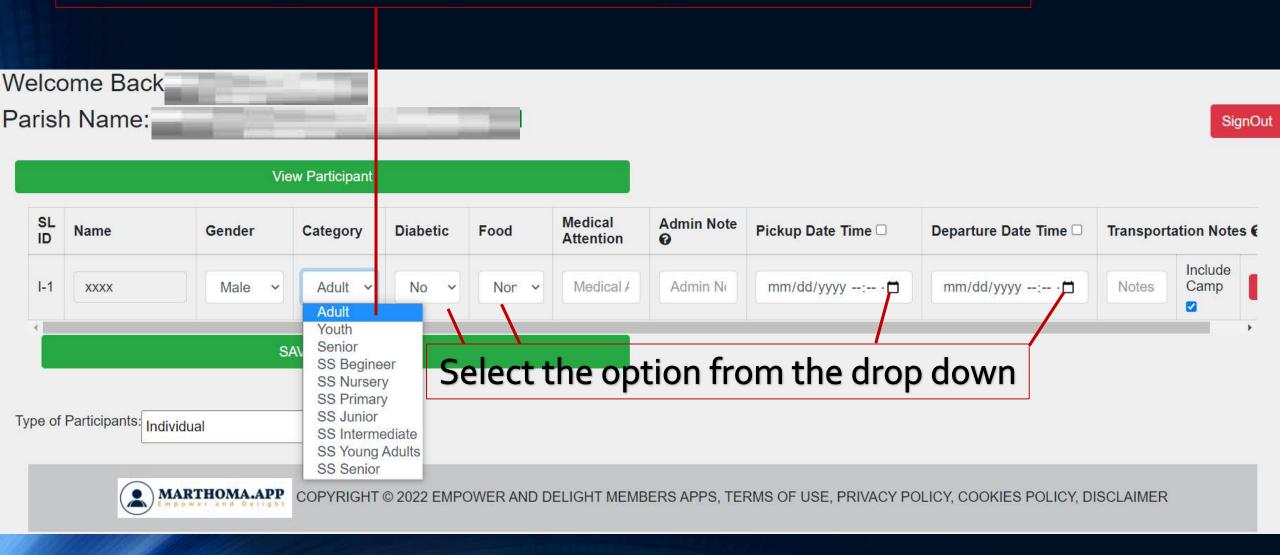
0

From the drop down select which ever category applies

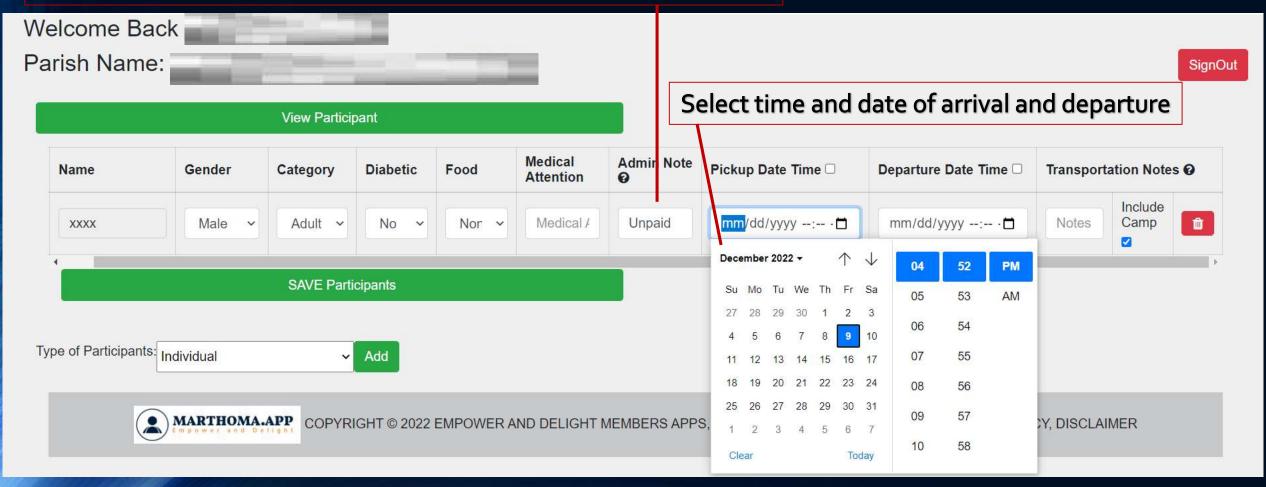
Then select "Add"



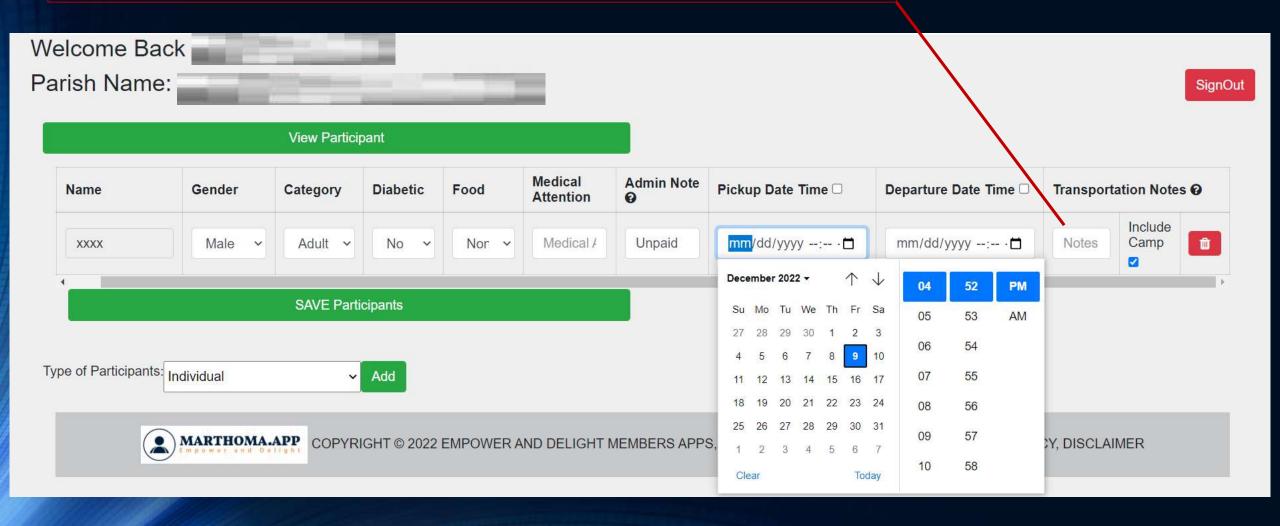
After the name and gender, Select the category (SS- Sunday School, for Sunday school students)



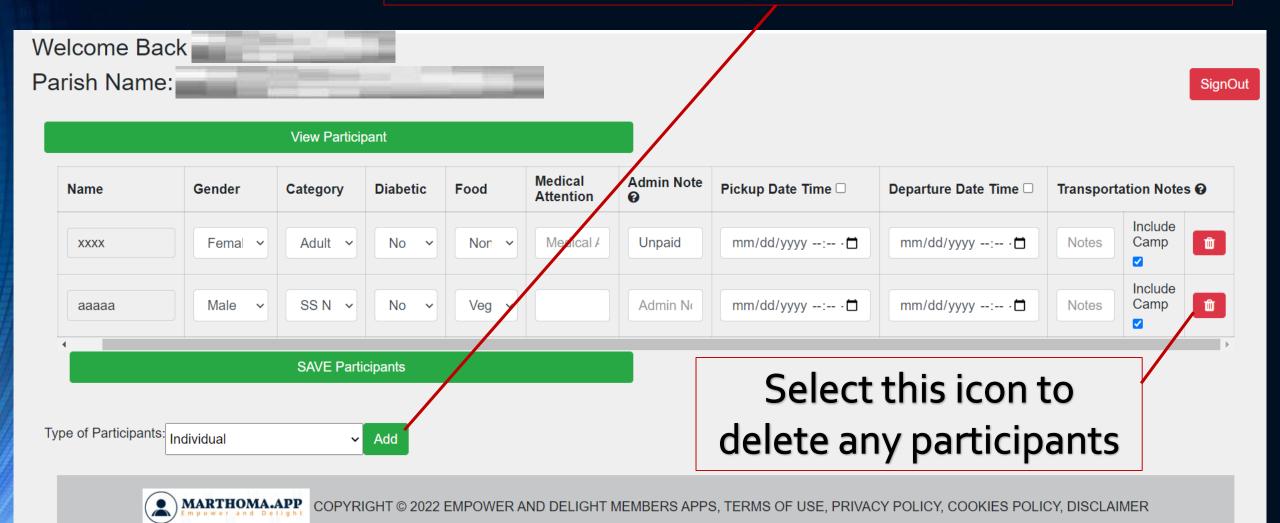
Admin note, please mention the payment status. Unpaid or Paid.



Please provide Arrival train number and other details.



Tap on 'Add' to get the next participant



View Participant

Name	Gender	Category	Diabetic	Food	Medical Attention	Admin Note	Pickup Date Time □	Departure Date Time	Transportation Notes ②
XXXX	Femal >	Adult ~	No v	Non 🗸	Medical /	Unpaid	mm/dd/yyyy:	mm/dd/yyyy:	Notes Include Camp ✓
aaaaa	Male v	SSN V	No v	Veg v		Admin No	mm/dd/yyyy: 🗖	mm/dd/yyyy: 🗖	Notes Include Camp ✓
Name	Male v	Adult ~	No v	Non ~	Medical A	Admin No	mm/dd/yyyy:	mm/dd/yyyy:	Notes
Name	Male v	Adult ~	No v	Non ~	Medical A	Admin No	mm/dd/yyyy: 🗖	mm/dd/yyyy:	Notes
Name	Male v	Adult ~	No v	Non ~	Medical A	Admin No	mm/dd/yyyy:	mm/dd/yyyy:	Notes
Name	Male v	Adult ~	No v	Non ~	Medical /	Admin No	mm/dd/yyyy:	mm/dd/yyyy: · 🗖	Notes

SAVE Participants

Type of Participants: Family

Add

Selecting 'Family', brings 4 fields together.

View Participant

Name	Gender	Category	Diabetic	Food	Medical Attention	Admin Note	Pickup Date Time □	Departure Date Time	Transportation Notes ②		
xxxx	Femal >	Adult ~	No v	Non ~	Medical /	Unpaid	mm/dd/yyyy:	mm/dd/yyyy: 🗖	Notes Include Camp		
aaaaa	Male v	SSN V	No v	Veg v		Paid	mm/dd/yyyy: 🗖	mm/dd/yyyy: 🗖	Notes Include Camp		
nnnnn	Male v	Adult ~	No v	Non ~	Medical #	paid	mm/dd/yyyy:	mm/dd/yyyy:	Notes		
VVVVVVV	Femal ~	Adult ~	Yes v	Non ~	Medical #	paid	mm/dd/yyyy:	mm/dd/yyyy:	Notes		
bbbbb	Femal ~	Youth ~	No v	Non ~	Medical #	paid	mm/dd/yyyy:	mm/dd/yyyy: 🗖	Notes		
mmmmm	Male ~	SS Yc V	No v	Non ~	Medical /	paid	mm/dd/yyyy:	mm/dd/yyyy: 🗖	Notes		

SAVE Participants

Type of Participants: Family Add

Select 'SAVE Participants'.

Add Participant

EDIT ALL Participants

SL ID	Name	Gender	Category	Diabetic	Food	Medical Attention ②	Admin Note ②	Pickup Date Time □	Departure Date Time □	Transport Notes @	
I-42	XXXX	Female	Adult	No	Non_veg		Unpaid				Û
I-43	aaaaa	Male	SS_Nursery	No	Veg		Paid				Û
F-6A	nnnnn	Male	Adult	No	Non_veg		paid				
F-6B	VVVVVVV	Female	Adult	Yes	Non_veg		paid				Û
F-6C	bbbbb	Female	Youth	No	Non_veg		paid				
F-6D	mmmmm	Male	SS_Young_Adults	No	Non_veg		paid				

Group	No of member	Registration Fees	Camp Fees	Total Fees
Vicar Family or below 5 yrs	0	0	0	0
Family	1	400	2000	2400
Individual	2	200	1200	1400
Total Member :	6		Total:	3800

Payment By

Cash
Cash
Bank Transfer
Check

Note Payment Submit

Cancel

Select the payment method

Add Participant

EDIT ALL Participants

SL ID	Name	Gender	Category	Diabetic	Food	Medical Attention ②	Admin Note @	Pickup Date Time □	Departure Date Time □	Transport Notes ②	
I-42	XXXX	Female	Adult	No	Non_veg		Unpaid				Û
I-43	aaaaa	Male	SS_Nursery	No	Veg		Paid				Û
F-6A	nnnnn	Male	Adult	No	Non_veg		paid				
F-6B	VVVVVVV	Female	Adult	Yes	Non_veg		paid				Û
F-6C	bbbbb	Female	Youth	No	Non_veg		paid				
F-6D	mmmmm	Male	SS_Young_Adults	No	Non_veg		paid				

Group	No of member	Registration Fees	Camp Fees	Total Fees
Vicar Family or below 5 yrs	0	0	0	0
Family	1	400	2000	2400
Individual	2	200	1200	1400
Total Member :	6		Total:	3800

Payment By

Cash

Cash

Bank Transfer
Check

Payment Submit Cance

Tap this icon when all the entries are finalized



Are you sure you want to submit? will send admin to review your account. You cannot add a new participant after submit.

OK

Cancel

Such a dialog box will pop up

Welcome Back Sneha Ann Koshy

Parish Name: Guwahati M.T. Community PA11

SignOut :	4
SignOut	4

			Add Participant			EDIT ALL Participants							
SL ID	Name	Gender	Category	Diabetic	Food	Medical Attention ②	Admin Note 🚱	Pickup Date Time □	Departure Date Time	Transport Notes ②			
I-42	XXXX	Female	Adult	No	Non_veg		Unpaid				I		
I-43	aaaaa	Male	SS_Nursery	No	Veg		Paid						
F-6A	nnnnn	Male	Adult	No	Non_veg		paid						
F-6B	vvvvvv	Female	Adult	Yes	Non_veg		paid						
F-6C	bbbbb	Female	Youth	No	Non_veg		paid						
F-6D	mmmmm	Male	SS_Young_Adults	No	Non_veg		paid						

Group	No of member	Registration Fees	Camp Fees	Total Fees
Vicar Family or below 5 yrs	0	0	0	0
Family	1	400	2000	2400
Individual	2	200	1200	1400
Total Member :	6		Total :	3800

Payment By Cash V Note Payment Submit Cancel

Member Approved Pending

And that's it!!

Congratulation You have successfully enrolled your parish members

FOR FURTHER QUIRES PLEASE CONTACT MR. KOSHY CHERIYAN- 8109013609

