



ARCHDIOCESAN CATHEDRAL OF THE HOLY TRINITY

ΕΛΛΗΝΙΚΟΣ ΟΡΘΟΔΟΞΟΣ ΑΡΧΙΕΠΙΣΚΟΠΙΚΟΣ ΚΑΘΕΔΡΙΚΟΣ ΝΑΟΣ ΑΓΙΑΣ ΤΡΙΑΔΟΣ
Founded 1892

HOPE/JOY

NAME _____ DOB _____

GRADE ENTERING IN SEPTEMBER _____

PARENTS/GUARDIANS _____

CELL # _____ HOME # _____

EMAIL _____

ADDRESS _____ CITY _____ ZIP _____

ANY MEDICAL CONDITIONS _____

EMERGENCY CONTACT NAME _____ PHONE # _____

I Authorize the clergy and advisors to seek medical assistance if ever needed.

I am willing to assist the program in the following ways:

- DRIVER
 CHAPERONE
 COACH AND OTHER ACTIVITIES THROUGH OUT THE YEAR.

SIGNATURE _____ DATE _____

MEMBERSHIP FEE \$50.00 CHECK # _____

I GIVE PERMISSION TO HAVE MY CHILD'S PICTURE/VIDEO TAKEN YES ___ NO ___

GOYA Advisors

- Peggy Pyrovolakis