



# 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 \$30.00 CHECK #

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

GOYA Advisors

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