



ARCHDIOCESAN CATHEDRAL OF THE HOLY TRINITY

ΕΛΛΗΝΙΚΟΣ ΟΡΘΟΔΟΞΟΣ ΑΡΧΙΕΠΙΣΚΟΠΙΚΟΣ ΚΑΘΕΔΡΙΚΟΣ ΝΑΟΣ ΑΓΙΑΣ ΤΡΙΑΔΟΣ
Founded 1892

GOYA

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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