



Greek Orthodox Archdiocesan District Olympics

GOYA & JOY - Church Registration Form

YEAR _____

A copy of church insurance policy must be submitted with this form.

Church Name: _____ Phone #: _____
Address: _____
City/State _____ Zip: _____
Priest's name: _____ Signature: _____
E-mail address: _____

Please check if participating in GOYA Program.
GOYA Advisor (other than priest):

Name: _____ Phone #: _____
Address: _____ Bus. Phone # _____
City/State _____ Zip: _____
E-mail address: _____

Please check if participating in JOY Program.
JOY Advisor (other than priest):

Name: _____ Phone #: _____
Address: _____ Bus. Phone # _____
City/State _____ Zip: _____
E-mail address: _____

Olympic communication will be forwarded to the advisor(s) listed above.

Church Fee: See InfoSheet