

**2011-2012
ST. DEMETRIOS GOYA
PARTICIPANT REGISTRATION**

PLEASE PRINT ALL INFORMATION AND FILL IN ALL BLANKS

GOYAn NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER (HOME): (____) _____ - _____

CELL NUMBER: (____) _____ - _____

GOYAns EMAIL ADDRESS: _____

BIRTH DATE: ____ / ____ / ____ PRESENT AGE: _____

PRESENT GRADE: _____

SCHOOL ATTENDING (NAME/CITY): _____

FATHER/GUARDIAN'S NAME: _____ WORK#: (____) _____ - _____

FATHER'S EMAIL: _____ CELL PHONE: (____) _____ - _____

MOTHER/GUARDIAN'S NAME: _____ WORK#: (____) _____ - _____

MOTHER'S EMAIL: _____ CELL PHONE: (____) _____ - _____

**MEMBERSHIP DUES ARE \$25 PER CHILD, PER YEAR AND MUST ACCOMPANY THIS APPLICATION. Due no later than October 1st
Please make checks Payable to: ST. DEMETRIOS GOYA
And write 'GOYA REGISTRATION' on the Memo line.**

Paid by Cash _____ Paid by Check _____ (Check# _____)