

**Saint Nicholas, Baltimore, MD**  
**GOYA MEMBERSHIP APPLICATION**

**GOYA**  
**MEMBERSHIP**  
**YEAR**  
**2013-2014**

NAME \_\_\_\_\_  
LAST FIRST

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER (HOME) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (CELL) \_\_\_\_\_ - \_\_\_\_\_

GOYAN'S EMAIL ADDRESS: \_\_\_\_\_

BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ PRESENT AGE \_\_\_\_ PRESENT GRADE \_\_\_\_ UNIFORM # \_\_\_\_ TSHIRT SIZE \_\_\_\_  
(IF ON THE GOYA TEAM) (ADULT SIZES)

SCHOOL ATTENDING (NAME/CITY) \_\_\_\_\_

PLEASE PRINT ALL INFORMATION

FATHER/GUARDIAN NAME \_\_\_\_\_ WORK#(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FATHER'S EMAIL \_\_\_\_\_ CELL # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

MOTHER/GUARDIAN NAME \_\_\_\_\_ WORK#(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

MOTHER'S EMAIL \_\_\_\_\_ CELL # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_ consent AND ALLOW THE ST. NICHOLAS GOYA PROGRAM TO USE, PUBLISH and COPYRIGHT my image, PICTURE, PORTRAIT OR LIKENESS and voice RECORDED IN ANY FORMAT at Greek Orthodox Youth Association (GOYA) functions. I understand the use of my image or voice will be used in the context in which it was taken and/or for use in publications such as The Koinonia Newsletter, The Orthodox Observer, The Hellenic Times, the St. Nicholas website, FOR ADVERTISING AND SIMILAR SUCH PROMOTIONS AND RENDITIONS THROUGHOUT THE WORLD. I have received no consideration for this release.

**REGISTRATION DEADLINE IS OCTOBER 7, 2013**

YOUTH SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

1. HAVE YOU SUBMITTED A COMPLETED HEALTH FORM? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. HAVE YOU SUBMITTED ALL 4 PAGES OF REGISTRATION? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 3.

**Stewardship is \$25 PER CHILD, PER YEAR AND MUST ACCOMPANY THIS APPLICATION**

MAKE CHECKS PAYABLE TO: SAINT NICHOLAS GOYA  
RETURN WITH REQUIRED REGISTRATIONS FORMS GOYA MEMBERSHIP 2013-2014