

Greek Orthodox Archdiocesan District Olympics 2024

May 24 - 26, 2024 Suffolk County Community College Brentwood, NY

GOYA & JOY - Church Registration	n Form
	YEAR
A copy of the church insurance policy m	ust be submitted with this form.
CHURCH INFORMATION	
Church:	Priest:
Address:	Phone #:
City, State, Zip:	Email Address:
Phone #:	Signature:
YOUTH INFORMATION	
☐ •Please check if you are participating in the	☐ •Please check if you are participating in the
JOY Program.	GOYA Program.
OY Advisor (other than priest):	GOYA Advisor (other than priest):
Name:	Name:
Phone #:	Phone #:
E-mail address:	E-mail address:
Signature:	Signature:
PAYMENT INFORMATION (for Executive	ve Board completion ONLY)
□ Full Payment □ Partial Payment	ent Payment Not Received
□ Insurance Received	☐•Insurance Not Received