

Holy Trinity Greek Orthodox Church
937 Chase Parkway ~ Waterbury, CT 06708

Volleyball Registration Form



Student Information:

Student Name: _____

Baptized Greek Orthodox: YES _____ NO _____

Church Affiliation: _____

Date of Birth: _____

Address: _____

Home Telephone: _____ Student Cell: _____

Student E-mail: _____

Parent Information:

Name: _____

Address: (if different than student) _____

Home Telephone: _____ Parent Cell: _____

Parent E-mail: _____

Member in Good Standing: YES _____ NO _____