



Hellenic College Holy Cross Greek Orthodox School of Theology
2018 Diaconate Program Payment Form

_____	_____	_____
Last Name	First Name	M.I.
_____	_____	_____
Street Address	City	ST Zip
_____	_____	_____
Home Phone	Cell Phone	
_____	_____	_____
Email	Date of Birth	
_____	_____	_____
Emergency Contact Name/Relationship	Emergency Contact Phone Number	

Indicates date and cost of nine-day session that you will be attending in the summer of 2018:

June 23-July 1, 2018
\$1,350.00

Make checks payable to Hellenic College Holy Cross.

Check Enclosed Charge \$ _____ to my: Visa MC Amex

Credit Card Number _____ Expiration _____

Cardholder Signature _____ Date _____

Return this form and your payment to:

Alicia Schneider, Bursar
Hellenic College Holy Cross
50 Goddard Avenue, Brookline, MA 02445
Direct Phone: (617) 850-1272
Email: aschneider@hchc.edu