



Hellenic College Holy Cross Greek Orthodox School of Theology

**2017 Diaconate Program Payment Form**

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

Indicates date and cost of nine day session you will be attending in the summer of 2017:

**Session: July 29<sup>th</sup> – Aug 6<sup>th</sup> -\$1,350**

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:**

Janice King, Bursar  
Hellenic College Holy Cross  
50 Goddard Avenue, Brookline, MA 02445  
Direct Phone: (617) 850-1235  
Email: [jking@hchc.edu](mailto:jking@hchc.edu)