



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 _____
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 2018:

Session: June 23rd – July 1st -\$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