



DIRECT ARCHDIOCESAN
DISTRICT

Office of Youth and Young Adult Ministries

DAD Scavenger Hunt Participant Registration

First Name: _____

Last Name: _____

I am a **Chaperone/GOYAN** (circle one)

Date of Birth: _____ - _____ - _____

Gender: **M/F** (circle one)

Home Parish: _____

Signature

Date

Parent/Guardian Signature if participant is under 18:

Date

Please send in a check along with this form (\$60 per GOYAN and \$27 per Chaperone) made payable to **The District Youth Office**, and send to the following address:

District Youth Office
Greek Orthodox Archdiocese of America
8 East 79th Street, New York, NY 10075