

Southeast Florida District GOYA

COVENANT FOR ADVISORS / CHAPERONES

Parish: _____ City/State: _____

Name of Advisor: _____ Email: _____

Address: _____ Phone#: _____

City/State/Zip: _____ Cell#: _____

- I am an Orthodox Christian.
- I attend church regularly and am active in the sacramental life of the church.
- I understand that it is a privilege to be chosen as an Advisor and will be a positive Christian role model.
- I will do everything possible to ensure that my group or GOYANS will remain together and participate in all the events planned throughout the event period.
- I will be held personally responsible for the group of GOYANS I am charged with.
- I have read the requirements for all Advisors and have participated in the meeting with my Parish Priest to review them prior to attending the **event**.
- I will comply to these rules to the best of my ability.
- I agree to comply with directives of the Lead Advisor and Priest.

SIGNATURE OF ADVISOR

DATE

Signature of parish priest

date