



Cantor's Program
Services of the Holy Week
St. Basil Seminary

MARCH 24 – 26, 2017

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____

E-mail: _____

Registration Fee: \$225.00

Amount Paid: _____

Form of Payment:

___ **Cash** ___ **Check #** _____ **Date:** _____

___ **Credit Card**

___ **Visa** or ___ **MasterCard (accepted)**

Account # _____

Exp. Date: ___/___

Signature: _____

Received by: _____

Please be so kind as to return this registration form no later than March 2, 2017 to V. Rev. Roman Malyarchuk., St. Basil Seminary, 195 Glenbrook Road, Stamford, CT 06902. Those who register and pay in advance will be assured participation in this program.