

ADULT EDUCATION COURSE REGISTRATION FORM

Name _____

Address _____

City, State, Zip _____

Phone _____

Email Address _____

Please indicate all courses for which you would like to register.

Course Name	# of People	Per Person Cost	Total Cost

I would like to make a contribution to B'nai Israel's Adult Education program. _____

Total Amount Enclosed \$

Please make check payable and mail to B'nai Israel Congregation.

Questions? Contact Rachel Hyman, Program Associate
(301-816-5562, rachel@bnaiisraelcong.org).

