

# 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 Allia in Rabbi Safra's office (301-881-6550, ext. 575, [allia@bnaiisraelcong.org](mailto:allia@bnaiisraelcong.org)).

