

Adult Education Registration Form

Course

Term **Year**

Name

Address: **Post**

Date of birth: **Email**

Tel. Home **Work** **Mobile**

Are you Jewish? Yes No **Name of Partner**

Member of Emanuel Synagogue Yes No

Amount paid: ...\$.....	By cheque <input type="checkbox"/>	By cash <input type="checkbox"/>
By credit card: Mastercard <input type="checkbox"/>	Visa <input type="checkbox"/>	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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