



REGISTRATION FORM

Tuition

\$50 off the total two or more courses
Spouse discount: take additional \$25.00 off total cost
Payment plans are available
elebowitz@jewishrockland.org

Minimum number of 10 students needed for each course.

Please send or bring this form with your payment to:
Jewish Federation & Foundation Education Center, 450 West Nyack Road, West Nyack, NY 10994

Please register me for the following Adult Education Midreshet Rockland graduate courses.

	<u>Course Name</u>	<u>Instructor</u>	<u>Tuition</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Name: _____

Address: _____

City, State, Zip: _____ E-mail: _____

Cell Phone _____ **Cancellations will come via tezt message**

Please indicate your choice of payment:

___ Check enclosed, payable to JFRC (Jewish Federation & Foundation of Rockland County) for \$ _____

___ Charge my credit card: ___ Visa ___ MC ___ AmEx

Acct. # _____ Exp. Date _____ CV code _____

Questions: Call Cantor Barry Kanarek at 845-362-4200 ext 170 bkanarek@jewishrockland.org
To Register: Call Emma Lebowitz x 180 elebowitz@jewishrockland.org