

Print and mail to Temple Beth Or, 3215 Lombard Ave., Everett, 98201



Registration Form

Name(s) _____

Temple Beth Or Member? _____

Program Name: _____

Date: _____

Program Name: _____

Date: _____

Program Name: _____

Date: _____

* * * * *

Class fee per person _____

Email for confirmation _____

Cell Phone _____

Payment Total _____

Check Number _____ (TBO can only accept checks at this time)