

Summer Czech course registration form 2016

Information:

First and Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone _____

Email: _____

Level of Czech: beginner intermediate advanced

\$60 fee:

Must be paid by April 30, 2016.

Check # _____ or Cash: \$ _____ Date: _____

Do you give us your permission to share pictures of you on our Facebook page and the school's website? Yes No

Please send this registration form to Klára Moldová, 5701 W 22nd Place, Cicero, IL 60804 or email it to info@czechschoolchicago.org