

## Summer Czech Course Registration Form 2017

### 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 June 9, 2017.*

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

Please make checks out to the T. G. Masaryk School

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

Please send this registration form to Klára Moldová, 5701 W 22<sup>nd</sup> Place, Cicero, IL 60804 or email it to [info@czechschoolchicago.org](mailto:info@czechschoolchicago.org)