

SUMMER CZECH COURSE REGISTRATION FORM 2019

| Zip: |
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| In cash |
| By check number: |
| completed registration form personally, email it to School, 5701 W 22nd Place, Cicero, IL 60804 by |
| |
| 30 - 8:30 PM |
| you on our Facebook page and the school's |
| |

Student's signature______ Date: _____