

# Post B'nei Mitzvah Program Registration Form

Parent(s) Name: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Student(s) Email: \_\_\_\_\_

## FEES ARE AS FOLLOWS:

\$400 First Student \$ \_\_\_\_\_

\$350 Second Student \$ \_\_\_\_\_

**TOTAL FEES :** \$ \_\_\_\_\_

Enclosed Check/Visa/MC # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*A 3% service charge will be applied to all credit card transactions.*

## Ohr HaTorah Congregation

12410 Burbank Blvd., Suite 100 , Valley Village, CA 91607  
Tel: 818.769.8223 Fax: 818.769.4512 [www.ohrhatolah.org](http://www.ohrhatolah.org)