



488 Champagne Drive, Toronto, Ontario, M3J 2T9 T. (416) 630 6488 F. (416) 630 2506

PERSONAL INFORMATION (participant under 18)

First Name: _____ Last Name: _____

Hebrew Name: _____ DOB (dd/mm/yy): _____

Parent's Hebrew Names: _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Cell: _____ Other: _____

Email: _____

Please identify any allergies: _____

PERSONAL INFORMATION (participant over 18)

First Name: _____ Last Name: _____

Hebrew Name: _____

Parent's Hebrew Names: _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Cell: _____ Other: _____

Email: _____

Please identify any allergies: _____

For credit and refund policies please refer to www.rachaelcentre.org

**I understand that Rachael's Centre will be photographing and videotaping segments of TOMgirls.
I give permission for this information to be used by Rachael's Centre for promotional purposes**

Signature _____



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REGISTRATION FORM

NAME: _____

ADDRESS: _____

PHONE – HOME: _____

BUS: _____

CELL: _____

EMAIL: _____

I GIVE PERMISSION TO SHARE MY EMAIL CONTACT INFORMATION WITH THE CLASS
YES NO

SESSION: _____

DAY OF CLASS: _____

PAYMENT

Cheque or money order enclosed (payable to The Learning Centre)

Credit Card: Interac

VISA

Master Card

Card Number: _____ **Expiry Date:** _____

Cardholders Name: _____

Signature _____

Thank you