

# TBE☆U Enrollment Form

All enrollment forms should be returned to: Temple Beth El☆University

Temple Beth El Charlotte, NC Fax: 704-366-1365:

An individual enrollment form should be submitted for each family member to ensure accurate tracking and enrollment.

**Participant name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

- Would you like to be included on future TBE☆U emails? Yes  No
- Are you a TBE member? Yes  No

Mini-mester \_\_\_\_\_

Core Classes:

\_\_\_\_\_

\_\_\_\_\_

Electives:

\_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ (printed), agree to pay the equivalent costs of the classes selected above to total \$ \_\_\_\_\_ for the indicated Mini-mester. Payment will be made prior to the first day of classes.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*This section completed by temple staff*

**Enrollment Form Received** by \_\_\_\_\_ **Date** \_\_\_\_\_

**Method of Payment:**  Visa/MC  Check  Cash **Comment:**

**Payment Received** [ Yes] by \_\_\_\_\_ for \$ \_\_\_\_\_