

ADULT RE CLASS REGISTRATION FORM

Name: _____ church member? Yes / No

Address: _____ City: _____

Zip: _____ Phone: __ (____) _____

Email address: _____

Please register me for the following classes:

Title	Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____
	TOTAL: \$ _____

Special Needs: _____ Ride to class _____ Child care _____

_____ I would be willing to offer a ride to someone in need. Please contact me.

Please enclose a check or money order for the Total amount (made payable to “First Unitarian Society” with “Adult RE” noted in the memo) and return to the Adult RE Table on Sunday mornings, or mail to:

First Unitarian Society
Attn: Adult Religious Education
1342 N. Astor,
Milwaukee, WI 53202