



Application for Boston Synagogue Me'ah Select 2016-2017

Please complete and return this application to:
Me'ah Select, c/o The Boston Synagogue
55 Martha Road
Boston, MA 02114

CONTACT INFORMATION:

Name Prefix _____ **First** _____ **Last** _____

Address: _____

City: _____ **State** _____ **Zip** _____

Synagogue(s) where you have membership, if any _____

Home Phone: () _____

Work Phone: () _____

E-Mail _____

PROGRAM AND TUITION:

Students may register for one or both semesters. Cost: \$375 per semester; \$695 for both semesters. Classes will meet at the Boston Synagogue Thursday evenings from 7:00 – 9:30 p.m., and will not be scheduled on legal holidays, Jewish holidays or public school vacation weeks.

- Fall semester with Dr. David Bernat, “The Ten Commandments.”**
- Spring semester with Rabbi Reuven Cohn, “The Stories of the Talmud-Akiva and his Students.”**

Total \$ _____

Each application must be signed and accompanied with their payment made payable to The Boston Synagogue (with Me'ah Select in the memo), and returned to the address above. Payment may also be made via PayPal at www.bostonsynagogue.org/meah.html

Refund policy: No refunds after the first class.

SIGNATURE:

I am registering for the Boston Synagogue Me'ah Select class.

Signature: _____ **Date** _____

Please print full name _____