



Baruch HaShem
A Messianic Synagogue

New Members' Class Sign-Up

First Name: _____ Last Name: _____

Street Address: _____

City, State, Zip: _____

E-Mail address: _____

Phones Numbers - Home: _____ Cell: _____ Work: _____

Do you have children who will need care during the class?

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Please fill out the section below to register an additional person from the same family.

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ברוך הבא בשם יהוה