



**ALLIANCE FRANÇAISE DE PHILADELPHIE
REGISTRATION FORM PRIVATE COURSES**

Returning New

Name _____ E-mail _____

Street Address _____

City _____ ST _____ Zip Code _____ Telephone _____

Starting date _____ Instructor _____

Method of Payment: Cash Check C.C.

YES, I would like to donate \$10 to help to finance the Alliance Française cultural programs.
Other amount:

I understand that the 5 hours must be used in 6 months following payment, and payment must be given on the day of the first lesson, and every 5 hours subsequently.

Signature :

