## LIMMUD MICHIGAN 2019 (March 31, 2019) REGISTRATION BY CHECK-IN-THE-MAIL: Please complete a form for each attendee.

Name:			
E-mail Address:			
E-Mail Address.			
Street Address:			
City:	State:		Zip:
Phone number:			
Please check all the desired registrat	ion types:		
☐ Early-bird, \$25.00, available in ☐ Student, \$18.00 ☐ Jewish Educator, \$18.00 ☐ Standard registration, \$36.00 ☐ Camp Limmud, \$10.00 per child ☐ Donation: I would like to add	, required if postmarked on or a	fter Wedne	
			\$
If you are registering childrer	n for Camp Limmud, pleas provid	de the follov	wing:
Child's Name: _		Age: _	Grade:
Child's Name: _		Age: _	Grade:
Child's Name: _		Age: _	Grade:
Please note that if you are registering ompleted and returned before regis	-	estionnaire:	which must be

I am enclosing a check for the total in the amount of: \$\_

Please mail this completed form with your payment to:

Limmud Michigan, Inc. 19785 W 12 Mile Rd., **#521** Southfield, MI 48076