



TBE☆U Student Enrollment Form



All enrollment forms should be returned to:

Temple Beth El

Attn: **Temple Beth El☆University**, 5101 Providence Road, Charlotte, NC 28226, fax: 704-365-1365

A separate enrollment form should be submitted for each participant.

Participant name: _____ **Address:** _____

Phone: _____ **Email:** _____

- Would you like to be included on future TBE☆U e-mails? Yes No
- Are you a TBE member? Yes No

Mini-mester _____

Core Classes:

Electives:

I _____ (printed), agree to pay the equivalent costs of the classes selected above (Members: \$36 per core class, \$18 per elective. Non-Members: \$52 per core class, \$26 per elective) to total \$ _____ for the indicated Mini-mester. Payment will be made prior to the first day of classes.

Signature _____ **Date** _____

This section completed by temple staff

Enrollment Form Received by _____ **Date** _____

Method of Payment: Visa/MC Check Cash **Comment:**

Payment Received [Yes] by _____ for \$ _____

Comments: