

Czech and Slovak Language Center  
Bohemian Citizens' Benevolent Society of Astoria (BCBSA)

**REGISTRATION FORM FOR ADULT LANGUAGE CLASSES | SPRING 2020**

First and last name: \_\_\_\_\_

Language of interest: CZECH / SLOVAK (circle one)

Current level: ELEMENTARY / INTERMEDIATE / ADVANCED

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone number: \_\_\_\_\_

Serial number of the enclosed check for \$240: \_\_\_\_\_

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Please, print out the form, fill it in, and send (or bring) it together with the  
check for \$240 (covering eight 90-minute sessions) to the following address:

**BCBSA – Language Center, 29–19 24<sup>th</sup> Avenue, Astoria, NY 11102–1129.**

Make your check **payable to BCBSA** and put **your name in the memo.**

**SEE YOU IN CLASS!**