

CTeen Registration Form 2020-2021

CTeen Member's Info:

CTeen Members Full Name

First Name _____ Last Name _____

CTeen Member's DOB _____ (month/day/year)

CTeen Member's Email _____

CTeen Member's cell phone _____

CTeen Member's School _____

CTeen Member's Graduating year _____

Parent Information

Parent's Full Name

First Name _____ Last Name _____

Parents's Email _____

Parent's Phone Number _____

Are parent's Jewish: Both Jewish Mother Jewish Father Jewish

Sign Up!

I WOULD LOVE TO JOIN CTEENS! - REGISTRATION \$99
Referral Program

Refer a friend! Friend's name and email address:

Save \$25 off registration when 1 friend signs up!

Referral #1 Full Name First Name _____ Last Name _____

Referral #1 E-mail _____

Your refund will be issued as soon as one of your referrals signs up for the program! After the first class, we cannot offer any refunds or credits. We cannot offer any refunds or credits on any missed classes or events.

Payment

Total _____

Payment with Credit Card Payment with PayPal