

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ E-mail _____

I wish to enroll in: _____ Course _____ Day _____ Time _____ Teacher _____

And also in: _____ Course _____ Day _____ Time _____ Teacher _____

I am enclosing payment as follows—Total: \$ _____ (Tuition: \$ _____) (Membership: \$ _____) (Book: \$ _____)

Check one: I am a current AF member ☐ I have included payment to join the AF ☐ or to renew my AF membership ☐

Please clip and mail this form, along with check payable to "Alliance Française de Sacramento," to:
Winter 2008 Session, Alliance Française, 1721 25th St., Sacramento, CA 95816. See you in class!

For office use: Date: _____ Amount received: \$ _____ Entered in db ☐ Card sent ☐ Conf. sent ☐

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2008

January 7 to 21 March

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