**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: Summer 2007 Session, Alliance Française, 1721 25th St., Sacramento, CA 95816. See you in class!**

For office use: Date: _____ Amount received: $_____ Entered in db ☐ Entered in ab ☐ Card sent ☐

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