

כולל ד'פילאדעלפ'יא

PHILADELPHIA COMMUNITY KOLLEL

בית מדרש רבי חיים עוזר ע"ש
רשכבה"ג מרן הגאון ר' חיים עוזר גראדזענסקי זצ"ל



Please Note: This Sign Up form can be filled in online at: phillykollel.org Under the "Contact Us" tab.

KOLLEL SIGN UP FORM

PART I. GENERAL INFORMATION

NAME: Family Name: _____
 First Name: _____
 Title: _____
 Spouse's Name, (if Applicable): _____
 Title: _____

HEBREW NAME (Men; When Called Up To The Torah):

ADDRESS:

Street: _____
 Apartment: _____
 City: _____
 Zip: _____

PHONE/EMAIL:

Home: _____
 Business: _____
 Mobile: _____
 Spouse Mobile: _____
 Preferred Phone (for Kollel to Use): _____
 Preferred E-Mail (for Kollel Contact): _____

MAIL PREFERENCES:

Weekly Kollel E-Mail	Y _____	N _____
Periodic Mailings to Home	Y _____	N _____
Parsha Weekly by E-mail	Y _____	N _____
Special programs Call List	Y _____	N _____
E-mail For Women's Programs:	_____	

PART II. REQUEST FOR CHAVRUSA

A. Subjects Interested in Learning:

1. _____
2. _____
3. _____

B. Days/Times Available:

1. _____
2. _____
3. _____
4. _____

Please note: Chavrusas are more commonly available week nights either from 8:15 p.m. to 9:05 p.m. or 9:05 p.m. to 9:55 p.m. However, arrangements can be made to accommodate you during the early morning before Shachris (7:30 a.m.) or over Shabbos. Please contact Rabbi Yoel D. Zeffren for further information.

PART III. YOUR SUGGESTIONS AND COMMENTS (Re: choice of programs, etc.)

PLEASE SUBMIT THIS FORM TO THE KOLLEL OR THE INFORMATION REQUESTED VIA E-MAIL TO PC.KOLLEL@VERIZON.NET



For Office Use Only

Email: WU _____ RF _____ MVS _____ WE _____

MML _____

Gabbai _____