



AL GALGALIM TRAINING WHEELS
PROGRAM ENROLLMENT

ADULT PARTICIPAHT (PRIMARY) INFORMATION:

Name _____ Date of Birth _____

Address _____ Home Phone _____

City, State, Zip _____ Cell Phone _____

Email _____ Relationship to Child _____

HADASSAH MEMBERSHIP STATUS

You will be gifted a one year Hadassah membership if Registration and payment for the Al Galgalim program is received before December 31st.

_____ Annual Member

_____ Hadassah Associate/Male Affiliate

_____ Life Member

_____ Hadassah Chapter

CHILD PARTICIPANT INFORMATION:

1. Child Participant Name _____ Date of Birth _____

2. Child Participant Name _____ Date of Birth _____

3. Child Participant Name _____ Date of Birth _____

PAYMENT OPTIONS

1. Register online at www.hadassah.org/events/algagalim
2. Pay by check payable to Hadassah Boston attention Al Galgalim. Mail to: Hadassah Boston, 1320 Centre St., Suite 205, Newton Centre, MA 02459
3. Call 781-455-9055 to pay by credit card

