



Beth Sholom Guests
Tell us about yourself

Name(s) _____

Address _____

City _____ Zip _____

Phones Home _____

Work _____

Cell _____

E-mail _____

How did you hear about us?

From a Member

Internet

Driving by

Phonebook

Saw Ad in _____

Other _____

Send me information on: (please check all that apply)

Membership

Religious School

Pre-school

Weekly E-mail

Upcoming Events

Other _____

Thank you for completing this information!