



To
Avshalom Institute for "Land of Israel Studies"
P.O.B. 48303
Tel Aviv 61484

I would like to enroll to the course "**Land of Israel Studies**", which will be held on Tuesdays.

Personal details

First and last name: _____ ID#: _____

Address: _____

Work phone: _____ Home phone: _____

Cell phone: _____

Email: _____

Date of birth: _____

Country of birth: _____

Credit card #: _____ Owner of card & ID # _____

Expiration date: _____ No. of installments: _____

Health declaration

1. I hereby declare that my health condition allows me active participation in Avshalom Institute activities, including physically demanding field trips and hikes.
I declare that participation in the Institute activities is at my own risk.
2. I hereby agree to behave according to the Institute's regulations. I am aware that the Institute management has the right to terminate the enrollment of any student who violates these regulations.

Date: _____ Signature: _____