



History Class Registration Form

Registration #1

First Name _____

Last Name _____

Street Address _____ State: _____ Zip: _____

Phone _____

Email _____

Registration #2 - if more than one person will be attending.

First Name _____

Last Name _____

Street Address _____ State: _____ Zip: _____

Phone _____ Cell Phone: _____

Email _____

SERIES FEE

Members \$50/person ** Non Members \$60/person

Make Checks Payable to: EPHRATA CLOISTER

Mail To: Ephrata Cloister

c/o Elizabeth Bertheaud

632 West Main Street

Ephrata, PA 17522