

Polish Language
Class registration

Name_____

Address_____

City/State/Zip_____

Phone_____

Email_____

Preferred communication: phone____ email____

Current skill level:

Beginner____ Intermediate____ Proficient____ Accomplished____

Class selected:

Basic Polish ____

Advanced Polish____

Make checks payable to "PolishYoungstown" and mail to

P.O. Box 684 Youngstown, OH 44501