

**2018-2019 COMMUNITY-WIDE Course**  
***Judaism for Conversion Candidates***  
**REGISTRATION**

Please complete information below and mail with check to: Rabbinical Association of Greater Kansas City, 5801 W. 115<sup>th</sup> Street, Suite 113, Overland Park, KS 66211-1800. For additional information, call Annette Fish, Administrator at the Rabbinical Association email [afprogram@aol.com](mailto:afprogram@aol.com) or call the Information Line at 913-327-4622.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone [\_\_\_\_] \_\_\_\_\_ Eve Phone [\_\_\_\_] \_\_\_\_\_

Cell Phone [\_\_\_\_] \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Married \_\_\_\_\_ Engaged

Spouse/Fiancé' Name \_\_\_\_\_ Marriage Date: \_\_\_\_\_

Spouse/Fiancé' Religious Affiliation \_\_\_\_\_

Your Religious Affiliation \_\_\_\_\_

\_\_\_\_\_ I am considering conversion to Judaism but have not made a final decision yet.

\_\_\_\_\_ My intent is to complete the conversion process.

My Rabbinic Sponsor for this course is: \_\_\_\_\_

**Signature or email confirmation of Rabbinic Sponsor**  
**Required by November 1, 2018**

x \_\_\_\_\_

How I learned about this program: \_\_\_\_\_

\_\_\_\_\_ I will be attending this class alone.

\_\_\_\_\_ I will be attending this class with: \_\_\_\_\_

\_\_\_\_\_ **Enclosed is my check in the amount of \$250**  
(Please make payable to the Rabbinical Association)

Thank you very much