

# Shaddchen Form

Date \_\_\_\_\_ Shaddchen # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ C/S/Z \_\_\_\_\_

Email \_\_\_\_\_

Home Phone Number \_\_\_\_\_

(Fax Phone Number \_\_\_\_\_)

Cell Phone Number \_\_\_\_\_ Text

Chasidus/Shull Affiliation \_\_\_\_\_

Comments \_\_\_\_\_

Please fill out and send it back [Info@Lezaveg.com](mailto:Info@Lezaveg.com) - Fax (617)539-2323

