

GRF Test Prep Classes – 2023 FALL Courses

COURSES 2 and 3 – Fall Courses

**Location: West Side Institutional Synagogue
120 West 76th Street in Manhattan,
between Amsterdam Avenue and Columbus Avenue**

COURSE 2 Sunday Mornings / Wednesday Nights		
1	Wednesday, September 6th	6 PM - 9PM
2	Sunday, September 10th	9:30 AM – 12:30 PM
3	Wednesday, September 13th	6 PM – 9 PM
4	Wednesday, September 20th	6 PM – 9 PM
5	Sunday, September 24th	9:30 AM – 12:30 PM
6	Wednesday, October 4th	6 PM – 9 PM
7	Sunday, October 15th	9:30 AM – 12:30 PM
8	Sunday, October 22nd	9:30 AM – 12:30 PM
9	Sunday, October 29th	9:15 AM – 12:30 PM
10	Sunday, November 5th	9:30 AM – 12:30 PM

COURSE 3 Sunday Afternoons / Thursday Nights		
1	Thursday, September 7th	6 PM – 9 PM
2	Sunday, September 10th	1 PM – 4 PM
3	Thursday, September 14th	6 PM – 9 PM
4	Thursday, September 21st	6 PM – 9 PM
5	Sunday, September 24th	1 PM – 4 PM
6	Thursday, October 5th	6 PM – 9 PM
7	Sunday, October 15th	1 PM – 4 PM
8	Sunday, October 22nd	1 PM – 4 PM
9	Sunday, October 29th	1 PM – 4:15 PM
10	Sunday, November 5th	1 PM – 4 PM

PLEASE SCROLL DOWN FOR THE REGISTRATION FORM

PRINT OUT THE REGISTRATION FORM (BELOW) AND MAIL IT TO:

**MR. JEFFREY FELDMAN
2077 CENTER AVENUE, APARTMENT # 14-J
FORT LEE, NJ, 07024**

THE TOTAL COURSE FEE IS: \$995

Please enclose a \$200 DEPOSIT

The remainder of the course fee (\$795) is due at the first session of the course.

Please make your check or money order payable to:

“GRF TEST PREP”

IMPORTANT: After we receive your application and deposit, you will receive a confirmation e-mail from us. If you do not receive the confirmation e-mail after 7 business days, please contact us at (201) 944 - 1683 or e-mail us at: GRFTestPrep @aol.com

REGISTRATION FORM FOR THE 2023 SUMMER AND FALL COURSES

(Please print all information.)

Student's name: _____

Parent's name: _____

Address: _____ Apt. # _____

Borough: _____ Zip Code: _____

Parent's cell phone #: _____ Parent's home phone#: _____

Student's school: _____ Student's grade in *September 2023* _____

E-mail Address (please print *very* neatly): _____

PLEASE CHECK THE BOX OF THE COURSE YOU WANT TO ENROLL IN:

Course #2 - Westside Institutional Synagogue location (FALL) Sunday mornings/Wednesday nights	<input type="checkbox"/>
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Course #3 - Westside Institutional Synagogue location (FALL) Sunday afternoons/Thursday nights	<input checked="" type="checkbox"/> FULL
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