Czech and Slovak Learning Center
Bohemian Citizens' Benevolent Society of Astoria (BCBSA)

REGISTRATION FORM FOR ADULT LANGUAGE CLASSES | Fall 2026

First and last name: _____

Language of interest: CZECH / SLOVAK (circle one)

Current level: ELEMENTARY / INTERMEDIATE / ADVANCED

Date of birth: _____

Address: _____

E-mail: _____

Phone number: _____

Serial number of the enclosed check for $325: _____

Please, print out the form, fill it in, and send (or bring) it together with the check for $325 (covering eight 90-minute sessions) to the following address:

BCBSA – Language Center, 29–19 24th Avenue, Astoria, NY 11102–1129.

Make your check **payable to *BCBSA*** and put **your name in the memo**.

SEE YOU IN CLASS!