

Please type or print clearly.

**Location of Shiur (Name of Shul, Yeshiva, etc.)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

**Time of Shiur**

Daily \_\_\_\_\_  
Shabbos \_\_\_\_\_  
Sunday \_\_\_\_\_

**Language of Shiur (please check one)**

\_\_\_ Yiddish \_\_\_ English \_\_\_ Hebrew \_\_\_ Y&E \_\_\_ Other (please specify)

**Maggid Shiur**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ (Office) \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
Is Maggid Shiur Rav of Shul? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Contact (other than Maggid Shiur)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ (Office) \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Please use other side for any additional comments or information.

Please return this form to:

**Daf Yomi Commission – Agudath Israel of America,  
42 Broadway (14<sup>th</sup> Floor), New York, NY 10004.**

You may fax to (646) 254-1600, or e-mail all information to  
**torahprojects@agudathisrael.org**. Thank you.