

Gitaar Centrum Amstelland



Registration form

Student information

surname:.....

First name:.....

Address:.....

Postcode + City:.....

E-mail:.....

Date of Birth:.....

- ☐ Male
- ☐ Female

Phone number 1:.....

Phone number 2:.....

Private lesson

- ☐ 30 minutes
- ☐ 45 minutes

I`m available on the following days and times: (fill out as much as possible)

Monday: Yes/ No.....

Tuesday: Yes/ No.....

Wednesday: Yes/ No.....

Thursday: Yes/ No.....

Friday: Yes/ No.....

Saturday: Yes/ No.....

- ☐ I agree with the conditions of this course and will pay the fee amount within 2 weeks

Name:.....

Date:.....

Signature:.....

This form should be filled out by an adult otherwise it would not be valid. The lessons will be given only after we receive the fully filled out registration form and the payment is settled. By signing this form you agree with the conditions of this course and the conditions of Gitaar Centrum Amstelland.

Tel: 06-81970144 www.gitaarcentrumamstelland.nl gitaarcentrumamstelland@gmail.com

How did you find us? Internet search engine Friends/family Advertisement other,
specify:.....