



Appointment Request Form

Date: _____

Fill out this form and send it to us by mail or email, we will call you for an appointment.

Name of student _____

Address: _____

Phone Number (Home): _____ Work _____

Cell _____ E-mail _____

Age of student _____ Gender M or F

Please check the course(s) of interest: Tabla , Harmonium (Keyboard)/ Vocal , other _____

1. Do you have any previous experience? _____ if yes, please explain. _____

2. Why you have chosen to join SWARNAAD? _____

3. Where did you hear about us? _____

4. Do you have any other activities? Yes _____ No _____ If yes give us more information _____

List the hours you are available for lessons and choice of preference (1st, 2nd, 3rd) in spaces below.

| | | Mon | Tue | Wed | Thurs | Fri | Sat | Sun |
|-------------------|------|-----|-----|-----|-------|-----|-----|-----|
| Time | From | | | | | | | |
| | To | | | | | | | |
| Preference | | | | | | | | |

The School or Teacher assume no liability due to accidents caused by acts of said student and the person hereinafter signing the contract on behalf of student assumes responsibility thereof.

Student's Signature

Date

Parent's Signature (only if applicable)

Date

| | | |
|------------------------|-------------|--|
| Office use only | Time | |
| | Date | |
| | | |

© Sanjay Patel.

5675 Jimmy Carter Blvd., Global Mall Suite 586, Norcross, GA 30071
770-409-8199 Email: swarnaad@hotmail.com www.swarnaad.com

updates 4/25/2011