



CHHANDAYAN REGISTRATION FOR KATHAK LESSONS

Name of Teacher _____

Name of the Student Mr./Mrs./Ms. _____

Address _____

_____ Phone (H) _____

(W) _____ (Cell) _____ Fax _____

Email _____ Date of Birth ____/____/____

Emergency contact : Mr./Mrs./Ms. _____ Phone _____

Previous Lessons (if any) _____

Physical disability (if any) _____

Type of class registered for : _____ Group _____ Private

LOCATION: 4 West, 43rd Street, Ste. 614 New York, NY, 10036

DATE AND TIME: Scheduled by the Guru

Tuition fee should be paid before or at the beginning of every lesson.

Signature _____ date _____

and name _____ of the person registering in agreement

with the rules of Chhandayan as stipulated in the brochure and this form.

For office use only

Name of the Student Mr./Mrs./Ms. _____

Date of Birth ____/____/____ Email _____

Student ID _____ Date entered _____