



CHHANDAYAN

TABLA CLASS REGISTRATION

Maryland-DC-Virginia

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

Address _____

_____ Date of birth ____/____/____

Phone: (h) _____ (w) _____ (Cell) _____

Email _____ Fax _____

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

Previous Lessons, if any _____

Physical disability (if any) _____

PAYMENT DUE: Registration Fee and deadline as mentioned on the website.

Please send the top portion of this form along with a check in favor of Chhandayan to Chhandayan, 51 Union Avenue, Nutley, NJ 07110. You can also register at www.chhandayan.org/classes

Signature _____ date _____ and name

_____ of the person registering, in acceptance
of the rules as stipulated in the brochure and this form.

SAVE THIS PORTION

Location : 13708, Valley Drive, Rockville, MD 20870

Assignments: 1. Report on a concert of Indian classical music you attended during the session.
2. Reading and writing as discussed and prescribed by the teacher

Please visit www.chhandayan.org for more information on Chhandayan's activities