



CHHANDAYAN

New York City

REGISTRATION FOR TABLA LESSONS

Name of the Teacher signing up for _____

Student's Name: 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

Schedule and Registration fee: As posted on the website

Payment options: You can pay at our website www.tabla.org. If paying in person with check or cash, please put it in an envelop along with this registration form and drop it in our mailbox at the door of the center.

Signature _____ date _____

and name _____ of the person registering in agreement

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