



school of indian music

# Registration Form

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

Fall Semester (Aug – Dec) \_\_\_\_\_, Spring Semester (Jan – May) \_\_\_\_\_ Summer Program \_\_\_\_\_ Years 20\_\_\_\_\_

Group Lesson \_\_\_\_\_, one to one lesson plan for one hour \_\_\_\_\_, one to one lesson plan for half an hour \_\_\_\_\_,

Name: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Do you have any previous experience, if Yes, please explain. \_\_\_\_\_

Payment: Cash \_\_\_\_\_ Check#: \_\_\_\_\_

**If student is under the age of 18:**

Father's Name: \_\_\_\_\_

Work telephone # \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Work telephone # \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

All checks should be made payable to Swarnaad School of Indian Music. All fees are non refundable and nontransferable. Class schedules are subject to change. No make-up classes permitted. There will be an Application fee in the amount of \$50.00

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**

© Sanjay Patel, Swarnaad School of Indian Music  
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