

TEMPLE COLLEGE MUSIC ACADEMY

REGISTRATION FORM

Date:

NAME:

ADDRESS:

.....POST CODE:

TELEPHONE:EMAIL:

DATE OF BIRTH:

COURSE TITLE: LENGTH:

TUITION FEES:

PAYMENT TERMS: (PLEASE SELECT BELOW)

STANDING ORDER (PLEASE SPECIFY) MONTHLY FULL PAYMENT
CASH CHEQUE DEBIT/CREDIT CARD

DO YOU REQUIRE SPECIAL MEDIACL ATTENTION? YES NO

IF YES PLEASE SPECIFY

IN THE EVENT
OF AN ACCIDENT

CONTACT: TELEPHONE:

DECLARATION:

I confirm that the information given above is correct and complete.

DATE:

SIGN:

THIS SECTION IS FOR OFFICIAL USE:

DATE RECEIVED: MONTHLY PAYMENT (AMT)

OFFICIAL'S SIGNATURE: