

Student ID

Received Date
/ /

STUDENT APPLICATION FORM*

NAME _____

漢字 _____

ADDRESS _____

DAYTIME PHONE _____

E-MAIL ADDRESS _____

For previously been a regular student of Urasenke Tea :

Where did you study? ()

How many years have you studied? ()

What certificates have you received? ()

Please indicate the times you are available for Regular Tea Class if they become available. (Number three choices, 1 to 3, if possible.)

	Tue.	Thurs.	Fri.	Sat.
10:00 am	()	()	()	()
2:00 pm	()	()	()	
5:30 pm	()			
6:00 pm		()		

Please return this form to the Urasenke Chanoyu Center.

We will notify you when the time you requested becomes available.

Thank you very much for your cooperation.

*Even if you have previously made an application, please update your information on this form if you wish to remain on the waiting list.

-----Office Use Only-----

- Contact file
- Membership Registration
- Student Card
- Students Contact List
- E Mail List