

## STUDENT APPLICATION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

If a new 10 Lesson Introductory Courses begins:

I would like to take a Ten Lesson “Introductory” Course. ( ) YES ( ) NO

I would like to take a Ten Lesson “Review” Course. ( ) Bonryaku ( ) Usucha

Please indicate the times you are available for an Introductory Course.

(Number three choices, 1 to 3, if possible.)

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

I have previously been a regular student of Urasenke Tea. ( ) YES ( ) NO

If “yes”, Where did you study? ( ) Teacher’s name ( )

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	( )			

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.