

REGISTRATION FORM

Name (English): _____ (Chinese): _____

Gender: Male Female Teacher Student

Date of Birth (DD/MM/YY): _____ / _____ / _____

Name of School: _____ Grade: _____

Home Address: _____
(English)

Name of Parent(s): _____ Contact No. _____

Email Address: _____ Mobile: _____

Date (DD/MM/YY): _____ / _____ / _____ Signature: _____

OFFICIAL USE

Course: _____ Starting Date (DD/MM/YY): _____ / _____ / _____

Source: Referral Musicroom Website Baby Kingdom Yahoo!
 Others: _____

MIQ Test: Music Report Full Report Remarks: _____

Course Fee: _____ Payment Method:

Report Fee: _____ Cheque #

Total Fee: _____ Cash

Handled By: _____ Date (DD/MM/YY): _____ / _____ / _____

Music Room @ Central

Rm 1401-03, SBI Centre, 54-58 Des Voeux Road. Central. Hong Kong.
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