Language Class Registration

Name of class ____________________________________________

Schedule ___________________________________________ 20

Day of week Time Date of first class Year

Name ________________________________________________

Address ________________________________________________

Phone ________________________________________________

E-mail (please print) __________________________________________

Amount paid: __________________________________________

Please help us plan by answering the following questions:

Are you a member of the Swedish Club? Yes ______ No ______

How did you hear about our classes?
Online _____ Newsletter _____ Word of Mouth _____ Other: ________________________________

Was the advance information about classes sufficient? Yes _____ No _____
If no, what would you suggest to improve communication?

Why did you decide to enroll in this class and what do you hope to gain from it?
If paying for language classes by credit card, please complete this form, which will be destroyed after the payment is received from the credit card process.

Name (as it appears on the card) ____________________________________________________________

Daytime phone number ________________________________________________________________

Type of card: Visa, MasterCard __________________________________________________________

Number ____________________________________________________________

Expiration date ________________________________________________________________

Amount ________________________________________________________________