



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 blue card 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?



Language Class Credit Card Payment

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 _____ CVV code _____

Amount _____