

THE JAPANESE-AMERICAN SOCIETY of NEW JERSEY
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<http://www.jasofnj.com>

Group Japanese Lesson Application Form

I hereby apply to _____ at _____ for 12 weeks
Course Title Course Level
starting from _____ and agree to pay the course fee of \$_____.
Date Course Fee

Name of Applicant: _____ Date of Birth: ____/____/____

Name of Parent/Guardian: _____
(If the applicant is under age)

Address:
street apt# city state zip

Telephone Number: _____ Cell Phone Number: _____

E-mail: _____

_____/_____/_____
Signature of Applicant Date

*I hereby have read all the regulations on being a member of the **JAS of NJ** and understand the non-refundable policy that obtains to me.