

THE JAPANESE-AMERICAN SOCIETY of NEW JERSEY
304 Main Street, 2nd Floor, Fort Lee, New Jersey 07024
TEL: (201) 461- 5133 FAX: (201) 461-6080 EMAIL: info@jasofnj.com
<http://www.jasofnj.com>

Group Japanese Course Application Form

I hereby apply to _____ at _____ for _____ 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: _____

I hereby have read all the regulations on taking the lessons of the JAS of NJ, and understand the non-refundable policy that obtains to me. I acknowledge it's my responsibility to attend classes I have paid for.

_____/____/____
Signature of Applicant Date