



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?



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 \_\_\_\_\_

Amount \_\_\_\_\_