



# REGISTRATION FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Guitar Playing Level:  Beginner  Intermediate  Advanced

## PAYMENT DETAILS

10 Week Session

Enclose cheque payable to 'Please refer to your local Guitar Church on the "Find a Group" page' (attn. Guitar Church)

or Charge to Credit Card:  Visa  Mastercard

Expiry Date: \_\_\_ / \_\_\_ / \_\_\_ Card N°: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Please mail or fax your registration to:

Please use the address or fax  
of your local Guitar Church