Student ID

Received Date
/ /

STUDENT APPLICATION FORM*

NAME _____

漢字 _____

DAYTIME PHONE _____

E-MAIL ADDRESS _____

For previously been a regular student of Urasenke Tea :
Where did you study? ( )
How many years have you studied? ( )
What certificates have you received? ( )

Please indicate the times you are available for Regular Tea Class if they become available. (Number three choices, 1 to 3, if possible.)

	Tue.	Thurs.	Fri.	Sat.
10:00 am	( )	( )	( )	( )
2:00 pm	( )	( )	( )	
5:30 pm	( )			

Please return this form to the Urasenke Chanoyu Center.
We will notify you when the time you requested becomes available.
Thank you very much for your cooperation.

*Even if you have previously made an application, please update your information on this form if you wish to remain on the waiting list.

----------Office Use Only----------

□ Contact file
□ Membership Registration
□ Student Card
□ Students Contact List
□ E Mail List