REGISTRATION FORM

DE KOM

STADSPLEIN 6 | 3431 LZ NIEUWEGEIN | T 030 605 57 97 | E EDUCATIE@DEKOM.NL

first name:	M/F	telephone number:	
last name:		mobile telephone number:	
adress:		email adress	
postal code and c	ity:	date of birth:	
O I have a Stadspas (enclosing a copy of the Stadspas is mandatory)		Stadspas number:	
O I have a U-pas (enclosing a copy of the U-pas is mandatory)		U-pas number:	
REGISTERS F	OR		
name of course or	r lessons:		
name of course or	r lessons:		
for music lessons	0 20 minutes (individual lesson	0 30 minutes (individual lesson)	O introduction 5x
Tot music lessons	0 30 minutes (duo lesson)	0 45 minutes (trio lesson)	0 punch card 300 minutes
preferred teacher:			
preferred lesson day:		second preference:	

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PAYER			
(parent, guardian or student ther	mselves)		
name and initials:	M/F	telephone number:	
address (if different from the student's address):		mobile telephone number:	
postal code and city:		email adress:	
O I consent to the use of the s	student's photos	for DE KOM's publicity purposes	
the payer agrees to the gene	eral conditions as	s stated on the website education.dekom.nl	
date:		signature:	
PAYMENT			
You may choose to pay the in you can authorise DE KOM to	nvoice amount all collect the amou	at once within 15 days of receiving the invoice. Or unt in 3 or 7 direct debit instalments.	
O I will pay the course fee all	at once within 15	days of receiving DE KOM's invoice.	
or			
O I authorise DE KOM to colle	ect the course fee	by direct debit in:	
O 3 instalments of 150	0 7 instal	ments	
bank account number (fill in o	only in case of au	thorisation):	
date:		signature:	

NEWSLETTER REGISTRATION

O I subscribe to DE KOM's digital newsletter

email adress:_____