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www.hatfieldartscentre.co.za
Email: hac@hatfield.co.za
Facebook: @HACMusicAcademy

SHORT COURSE REGISTRATION FORM 2019

Student details

Name: _____ Surname: _____
Cellphone: _____ ID/Passport No: _____
Nationality: _____ Home Language: _____
Gender: Male: _____ Female: _____ D.O.B.: _____ Age: _____
Email address: _____
Physical address: _____
Postal address: _____
Any medical conditions we should be aware of: (e.g. epilepsy, ADHD) _____

Details of person responsible for account

Name and surname: _____
Cellphone: _____ Nationality: _____
ID/Passport no: _____ D.O.B.: _____
Physical address: _____
Postal address: _____
Email address (Required): _____

Parent/Guardian details required for all learners under 18yrs (in case of emergency)

Main contact person

Father / Mother / Guardian

Name and surname: _____
Cellphone: _____
ID/Passport No: _____

Secondary contact person

Father / Mother / Guardian

Name and surname: _____
Cellphone: _____
ID/Passport No: _____

I want to register for the following course:

- Creative Writing Poetry Worship 101 Cooking
 Music Appreciation Music Theory Cooking Guitar Improvisation
 Music Arranging Percussion
 Other (please specify): _____

Payment of Fees

Various payment options are available to make the courses more accessible and affordable to students. The options available: Debit Order/Cash/EFT/Credit Card.

Select your payment option:

- A. CASH (payable at Music Academy's Reception)
 B. EFT (as per bank details below)
 C. CREDIT CARD (payable during office hours at the Next Generation office, 1st Floor HCC)

Payments to the following account:

Account holder: Hatfield Training Centre
Account number: 011 988 193
Bank: Standard Bank
Branch code: 011 545
Reference: HAC (Student name and Surname)

Acceptance of student behaviour contract

I, _____ agree all personal information given is correct. I agree to support and meet all financial commitments.

Would you like to receive marketing updates about concerts or other events? Yes No

This contract is binding under the terms stipulated above from the _____ day of _____ 20_____.

Student's signature: _____

Parent/Guardian's signature (required for students under 18): _____

*Please send your completed form, **signed in full and initialled on every page**, to:*

cmatthews@hatfield.co.za before the closing date.

*Alternatively submit by hand to **Hatfield Christian Church Main Reception**, or **Hatfield Music Academy Reception***