

# TOGETHER AS ONE ASBL

25 Rue de la Forêt, L-5320 Conterm, Luxembourg

Email: [info@togetherasone.org](mailto:info@togetherasone.org) | Tel: +352 691 271 190

## COURSE REGISTRATION FORM (English)

### 1 . Personal Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Nationality: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### 2 . Course Selection

■ Djembe (Percussion) Classes

■ Singing

■ Collage Art

■ Workshops (Dance, Singing, Percussion, Collage Art, Book Talk)

■ Private Classes: Guitar

■ Private Classes: Piano

■ Private Classes: Clarinet

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### 3 . Emergency Contact

Full Name:

Relationship:

Phone Number:

### 4 . Declaration & Agreement

I hereby confirm that the information provided is accurate and agree to follow the rules and guidelines of Together As One ASBL.



Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## ANMELDEFORMULAR (Deutsch)

### 1 . Persönliche Informationen

Vorname / Name: \_\_\_\_\_

Geburtsdatum: \_\_\_\_\_ Geschlecht: \_\_\_\_\_

Nationalität: \_\_\_\_\_

Adresse: \_\_\_\_\_

Email: \_\_\_\_\_

Telefonnummer: \_\_\_\_\_

### 2. Kursauswahl

☐ Djembe Unterricht

☐ Gesang

☐ Collage-Kunst

☐ Workshops (Tanz, Gesang, Percussion, Collage-Kunst, Buchgespräch)

☐ Privatunterricht: Gitarre

☐ Privatunterricht: Klavier

☐ Privatunterricht: Klarinette

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### 3 . Notfallkontakt

Name:

Beziehung:

Telefonnummer:

### 4 . Erklärung

Ich bestätige, dass die oben angegebenen Informationen korrekt sind und akzeptiere die Regeln von Together As One ASBL.



Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## FORMULAIRE D'INSCRIPTION (Français)

### 1 . Informations Personnelles

Prénom / Nom: \_\_\_\_\_

Date de Naissance: \_\_\_\_\_ Sexe: \_\_\_\_\_

Nationalité: \_\_\_\_\_

Adresse: \_\_\_\_\_

Email: \_\_\_\_\_

Téléphone: \_\_\_\_\_

### 2 . Choix du Cours

- ☐ Cours de Djembé
- ☐ Chant
- ☐ Art du Collage
- ☐ Ateliers (Danse, Chant, Percussion, Collage, Discussion de Livre)
- ☐ Cours privés: Guitare
- ☐ Cours privés: Piano
- ☐ Cours privés: Clarinette

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### 3 . Contact d'Urgence

Nom:

Relation:

Téléphone:

### 4 . Déclaration

Je certifie que toutes les informations fournies sont correctes et j'accepte les règles de Together As One ASBL.



Signature: \_\_\_\_\_ Date: \_\_\_\_\_