

# MASTERCLASS 2016/2017 REGISTRATION

Please write in block letters

Masterclass .....

First name .....

Last name .....

☐ Male    ☐ Female    Date of birth:    /    /

## Student Details

Street .....

Suburb.....

City.....      Postcode.....

Country .....

E mail.....

Phone.....      Mobile.....

Current teacher .....

## Parents/Caregiver details (if student is under 18 years).

First name .....

Last name .....

Street .....

Suburb.....

City.....      Postcode.....

Country .....

E mail.....

Phone.....      Mobile .....

## Payment may be made by cheque, direct credit or credit card (visa or mastercard only)

☐ I have enclosed a cheque made out to the Jardin Musical Trust to the amount of NZ\$.....

☐ I wish to pay by credit card: Amount: \$..... Card Type: VISA / MASTERCARD  
No.

☐ I have deposited NZ\$ 70 into the bank account of the JARDIN MUSICAL TRUST.

Bank Account number: 02-0874-0044047-000

Reference: Masterclass and name of the relevant artists

I acknowledge and agree to abide by the terms and conditions of the PNJA  
([www.pnja.co.nz](http://www.pnja.co.nz))

Date:    /    /      Signature of Parent or Guardian.....