



# Academy of Indian Languages & Arts

Under the guidance of Kerala Samajam of New Jersey

## REGISTRATION FORM

Malayalam Class		Key Board		Violin		Vocal	
-----------------	--	-----------	--	--------	--	-------	--

Name (First)	(Last)		
Date of Birth	Gender	F	M
Address			
City	State	Zip	

### Contact Information:

Name	
Phone. No (H)	Cell
Email	

### Parental consent, if applicant is below 18 year

Name	Relationship
------	--------------

Date

Signature: Parent/Guardian