



Sign up for guitar lessons

Student:

First Name: _____

Name: _____

Street: _____

ZIP/City: _____

Telephone: _____

Email: _____

For minors - the parents information:

First Name: _____

Name: _____

Street: _____

ZIP/City: _____

Telephone: _____

Email: _____

Desired teaching days: (Please enter the desired time of the day in the appropriate fields)

NOTE: Friday and Saturday on request!

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|---------|-----------|----------|--------|----------|
| | | | | | |

Regulations (terms and conditions)

With her/his signature, the students obligated to pay the agreed lessons in advance by bank transfer. The teacher is required to teach at the agreed times.

In case of illness of the teacher, the lessons will be rescheduled. In case of illness of the student, the lessons can be rescheduled in a suitable time within 2 weeks. Exceptions apply only for bad illness or serious accident.

Lessons missed by the student are to pay and will not be rescheduled.

With her/his signature, the student agrees to these terms and conditions.

City/Date: _____

Signature student: _____

Signature teacher: _____

Please send to: Peter Tantchev - Pezzo, Otelfingerstrasse 44, 5430 Wettingen