



REGISTRATION FORM

Class Type/ Level: _____

Commencement Date: _____

Name: _____

IC No: _____

E-mail: _____

Contact No: _____ (HP) _____ (O)

How did you hear about us (Please tick accordingly)?

Word of Mouth	
Classifieds	
Internet	
IS Magazine	

Press/ Magazine Write-Ups	
Performances (Please indicate venue)	
Others (Please specify)	

I declare that I am medically and physically fit to attend all classes/ courses at Groove. I understand that by signing this form, I acknowledge that I am taking the above class/course and/or any other classes/courses at Groove at my own risk. I will not hold Groove Private Limited or its teachers responsible for any loss, damage or injuries to persons or property as a result of my participation to the classes/ workshops/ events and excursions organised by Groove Private Limited.

In the event that I cannot attend any of the classes/ scheduled make-up classes (if any); Groove will not refund any monies or calculate fees on a pro-rate basis. I fully understand that Groove requires an optimal number of 10 students to commence any course(s). I am agreeable to cancellation/ postponement of such course(s) if I enroll for any course(s) which do not have the optimal number of students.

Signature:

Date:

Groove Private Limited
55 Cantonment Road
Singapore 089754
www.groove.com.sg
info@groove.com.sg
6223 4813