

Alliance Française

Private Lessons

Name _____

Address _____

City _____ State _____ Zip Code _____

E-mail _____

Daytime Phone _____ Evening Phone _____

Instructor _____ Location _____

Starting Date _____

I understand that the 5 hours must be used in the 6 months following payment, and payment must be given on the day of the first lesson, and every 5 hours subsequently.

SIGNATURE _____