

Student ID

Received Date

Student Application Form*

NAME

漢字

ADDRESS

DAYTIME PHONE

E-MAIL ADDRESS @

敬称/Prefix

Mr. Ms. Dr.

For previously been a regular student of Urasenke Tea,

Where did you study?

How many years have you studied?

What certificates have you received?

茶名/Chamei

Period of Study in Midorikai/Urasenke Gakuen

Course Name

From

To

Please indicate the times you are available for Regular Tea Class if they become available. (Number three choices, 1 to 3, if possible.)

Tuesday Thursday Friday Saturday

10:00 AM

2:00 PM

5:30 PM

6:00 PM

Please return this form to the Urasenke Chanoyu Center.
We will notify you when the time you requested becomes available.
Thank you very much for your cooperation.

*Even if you have previously made an application, please update your information on this form if you wish to remain on the waiting list.