

# REGISTRATION FORM FOR SCHOOLS

SHOW:

DATE AND TIME:

SCHOOL / INSTITUTION:

GRADE (or AGE for nursery schools and others):

NUMBER OF CHILDREN:

NUMBER OF COMPANIONS/CAREGIVERS:

Name / cell phone number (Please name at least two people):

CONTACT PERSON

Name and first name:

E-Mail address (for sending the confirmation):

Tel. / cell phone number:

RESERVATION FOR OTHER CLASSES / GROUPS

If you have booked for multiple classes, please provide us the contact details of the other teachers and the number of children/caregivers.

TEACHER / RESPONSIBLE PERSON:

GRADE (or AGE for nursery schools and others):

NUMBER OF CHILDREN:

NUMBER OF COMPANIONS/CAREGIVERS:

Name / cell phone number (Please name at least two people) :

BILLING ADDRESS

NAME / ADMINISTRATION:

ADDRESS:

DATE:

Please complete or check the form and return it by email to [ecoles@khn.lu](mailto:ecoles@khn.lu). We will send you a confirmation as soon as possible. The invoice is based on the real number of children and will be sent to you after the performance. For further information, please contact us at 26 34 73 1.