

REGISTRATION FORM

1. Full Name: _____
2. Date of Birth: _____
3. Residential Area: _____
4. Physical Address: _____
5. Highest Level of Qualification: _____
6. Phone Number (s): _____
7. Email address: _____
8. Postal Address: _____
9. Emergency contact: _____
10. What specific aspects of tailoring are you interested in?
 - ☐ Pattern Making.
 - ☐ Garment Construction.
 - ☐ Alterations.
 - ☐ Basic Sewing Techniques.
11. Do you have any favorite fashion designers or styles that inspire you?

12. Do you have any specific goals or project you hope to accomplish through this tailoring course?

13. In a short paragraph, describe yourself and your tailoring aspirations.

14. Mode of payment: _____
15. Person responsible for payment (name & phone number).: _____
