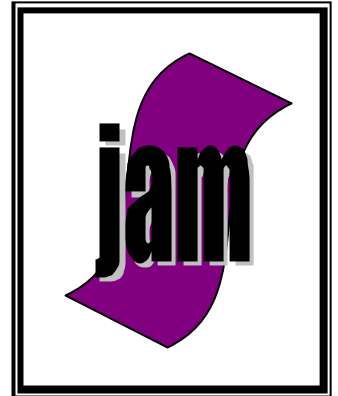


Swervjam Rehearsal Studio's



Band Name:

Contact Person:

Contact address:

Home:

Mobile:

E-mail:

Card Number:

Issue date:

Card Holders name and address:
(if different from above)

Expire date:

Card issue number:

Security code:

*By signing this registration document you **agree** to the trading terms and conditions of 'Swervjam Rehearsal Studios'. The above information will be kept on file but **will not** be shared with any third party, in line with the provisions of the ' Data Protection Act.'*

Signed on behalf of the above:

Registration accepted by:

DATE: