

New Hampshire Germanic Association German Language School

First Name: _____

Last Name: _____

E-Mail: _____

Telephone: _____

Date of Birth (for Children's Classes Only)
____ / ____ / ____

Address:

Which Class(es) do you wish to Register for?

(Name) _____ (Mon/Wed) _____

(Name) _____ (Mon/Wed) _____

A Bit About Yourself:

How did you find out about the New Hampshire Germanic Association?

German Language Mastery:

- I have no German Language experience.
- I have a second language, it's not German.
- I can understand simple phrases in German
- I can formulate simple sentences in German.
- I have spoken German, but need a refresher.
- Understand a good deal of German.
- Semi-fluent speaker.