

Booking Form

Please fill in this form in CAPITAL LETTERS and send it together with the £150 deposit to: Weymouth English Centre, 42 Upper Grosvenor Road, Tunbridge Wells, Kent TN1 2ET, England

Personal Information		
Surname:	First Name:	
Address:		
Town:	Postcode:	Country:
Nationality:	Date of birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Student's email:	Parent's email:	
Home Tel.:	Student's mobile tel.:	
Mother's mobile tel.:	Father's mobile tel.:	

Course Details		
Which course would you like to attend? (Please tick relevant box)		
English and Activities <input type="checkbox"/>	English and Sailing <input type="checkbox"/>	English and Theatre Studies <input type="checkbox"/>
Course start date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Course end date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
day month year	day month year	

Accommodation	
Arrival date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Departure date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
day month year	day month year
Room type: <input type="checkbox"/> shared room If you would like to share with a friend, please write your friend's name here: _____ <input type="checkbox"/> single room (please see price list for supplementary charge)	
If you have any special wishes regarding your accommodation (eg. allergies, vegetarian, fear of animals, special dietary needs, etc.) please give details here: <input type="checkbox"/> Allergies (please give details) _____	
There is a supplementary charge for the following special diets (please see price list): <input type="checkbox"/> vegetarian <input type="checkbox"/> vegan <input type="checkbox"/> diabetic <input type="checkbox"/> lactose/gluten free <input type="checkbox"/> Halal <input type="checkbox"/> other (please give details) _____	

Your School
Name of your school:
Address of your school:
Name of your English teacher: <input type="checkbox"/> Mr _____ <input type="checkbox"/> Mrs _____

Payment
How do you wish to pay for your course? <input type="checkbox"/> Credit Card <input type="checkbox"/> Bank transfer

Declaration (to be signed by a parent or legal guardian)
As parent or guardian I confirm I have read and accept the booking conditions of the Weymouth English Centre.
Signed: _____ Dated: _____