

BOOKING FORM

Please fill in this form in CAPITAL LETTERS

PERSONAL INFORMATION

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

COURSE DETAILS

Start date (the Sunday you will arrive in Weymouth) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> day month year	End date (the Saturday you will leave Weymouth) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> day month year	
Please tick any optional extra courses that you would like to book (please see price list):	<input type="checkbox"/> Sailing	for <input type="text"/> weeks
	<input type="checkbox"/> Windsurfing	for <input type="text"/> weeks
	<input type="checkbox"/> Outdoor Adventure	for <input type="text"/> weeks
	<input type="checkbox"/> Intensive course	for <input type="text"/> weeks

ACCOMMODATION

Room type: shared room. If you would like to share with a friend, please write your friend's name here: _____

single room (please see price list)

If you would like to live near a friend, please write his/her name here: _____

If you have any special wishes regarding your accommodation (eg. allergies, vegetarian, fear of animals, special dietary needs, etc.), please give details here:

Allergies (please give details)

vegetarian vegan diabetic lactose free gluten free

other – please give details

Please see price list for charges.

YOUR SCHOOL

Name of the school you go to now: _____

Address of your school: _____

Name of your English teacher: _____ Mr. Mrs.

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.

Name of parent / guardian

Signature

Dated