



755 Grande Allée Ouest
Québec (Québec) G1S 1C1 Canada

Tel.: 418 204 1033 Cell: 418 575 4137
Fax: 418 380 9879 slanglois@edu-inter.net

Regular Application Form Winter Camp

Personal Information

Male Female

Name: _____ Date of Birth (dd/mm/yy): _____

Family Name: _____ Nationality: _____

Address: _____ City: _____

Postal Code: _____ Country: _____

Telephone: _____ Fax: _____ E-mail: _____

Emergency Contact

Name: _____ Family Name: _____ Country: _____

Telephone: _____ Fax: _____ E-mail: _____

Select Accommodation

Homestay 3 meals per day

Hotel (groups of 12 students or more)

First day of Accommodation (dd/mm/yy): ____ / ____ / ____

Last day of Accommodation (dd/mm/yy): ____ / ____ / ____

Number of weeks: _____ Extra days: _____

French Intensive Course (15 hrs/week)

Select number of week courses and desired start date
(courses are offered from January 11 to February 12)

Week(s)	1	2	3	4	5
01/11					
01/18					
01/25					
02/01					
02/08					

For Homestay Request Only

Do you have any allergies? Yes No

If yes specify: _____

Are you vegetarian? Yes No

Do you take any medications? Yes No

If yes specify: _____

Do you like children? Yes No

Do you like pets? Yes No

Would you mind to stay with a smoker? Yes No

Describe your hobbies and interests: _____

Airport Pick Up

Arrival date (dd/mm/yy): ____ / ____ / ____

Time: _____ AM PM

Airport: _____

Airline: _____

Flying from: _____ Flight Number: _____

