



Package Programs Application Form (not regular programs)

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: _____

Edu-Inter offers French courses until August 13, 2010

Select program, number of week courses and start date

Dates	P1		P2		P3		P4		P5		P6		P7			
	3	4	4	2	2	3	4	2	3	4	2	3	4	2	3	4
21/06																
28/06																
05/07																
12/07																
19/07																
26/07																
02/08																
09/08																

* Choice of sport (Program 5 only): Golf Tennis Horseriding

P1: Intensive French + Activities
 P2: French + Cooking
 P3: French for Teachers

P4: French + Multiactivities (Homestay)
 P5: French + Sport (golf, tennis or horseriding)
 P6: French + Multiactivities (Residence)
 P7: French + Circus

Select Accommodation

- Homestay 2 meals per day
- Homestay 3 meals per day
- Residence no meals
- Residence 3 meals per day

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

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

Number of weeks: _____ Extra days: _____

Medical Insurance

Arrival date (dd/mm/yy): _____

Departure date (dd/mm/yy): _____

Number of days: _____

For Homestay Request Only

Do you have any allergies? Yes No

If yes, please describe: _____

Are you a vegetarian? Yes No

Do you take any medications? Yes No

If yes, please describe: _____

Do you like children? Yes No Do you like pets? Yes No

Would you like staying 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: _____

