

SPANISH AS A FOREIGN LANGUAGE

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Nationality: _____ Passport N°: _____ PLEASE INCLUDE A PHOTOCOPY OF YOUR PASSPORT

Date of Birth: DAY _____ MONTH _____ YEAR _____ Gender: F M Native Language: _____

Address: _____ City: _____

Postal Code: _____ Province/State: _____ Country: _____

Telephone: _____ Fax: _____ e-mail: _____

Address in Spain during CLUB DE ESPAÑOL course (if known): _____

Emergency Contact: _____ Telephone: _____

All students are advised to secure medical and travel insurance before departure. Insurance is required for all students under 18. CLUB DE ESPAÑOL can provide insurance: YES N° OF WEEKS: _____ NO

CLUB DE ESPAÑOL is not responsible for illness, accidents, or loss of property, either at accommodations or at our facility.

COURSE SELECTION

Course Name	Classes/Week	Start Date (DD/MM/YY)	Finish Date (DD/MM/YY)
_____	_____	_____	_____
_____	_____	_____	_____

How long have you been studying Spanish? _____ Where? _____

Level: BEGINNER ELEMENTARY PRE-INTERMEDIATE INTERMEDIATE UPPER-INTERMEDIATE ADVANCED

How did you hear about CLUB DE ESPAÑOL? _____

FOR FULL DETAILS ON OUR COURSE PROGRAMS AND TO REQUEST OUR COURSE DESCRIPTION SHEET

ACCOMMODATION

Arrival Date: _____ Flight N°/Time: _____ Arrival Transfer: YES NO

Departure Date: _____ Flight N°/Time: _____ Departure Transfer: YES NO

Accommodation: HOME STAY RESIDENCE HALL FLATSHARE BEDSIT Room Options: SINGLE DOUBLE

Board Options: SELF-CATERING BREAKFAST ONLY HALF BOARD FULL BOARD FOR FULL DETAILS ON OUR ACCOMMODATION OPTIONS PLEASE SEE OUR ACCOMMODATION INFORMATION SHEET

Additional Information (dietary and medical requirements, allergies, etc.): _____

PRICE

Course Tuition: _____

Enrolment Fee: _____

Accommodation: _____

Accom. Deposit*: _____

Placement Fee: _____

Airport Transfer(s): _____

Courier Fee: _____

TOTAL: _____

METHOD OF PAYMENT

Cheques and bank transfers should be made payable to:
HIEDRA CENTERS S.L.U / CLUB DE ESPAÑOL.

All bank charges associated with bank transfers must be paid by the sender. Non-Spanish cheques must include 30€ for bank charges.

BANK CHEQUE

BANK TRANSFER Please fax a copy with your name clearly marked.

BANK NAME: LA CAIXA
 IBAN CODE: ES35 2100-2222-09-0200175655 SWIFT CODE: CAIXESBBXXX
 BRANCH: PASEO DE LA CASTELLANA, 23. 28046 MADRID

I accept all of Club de Español's conditions (see reverse).

Student Signature: _____

*REFUNDABLE | ALL APPLICATIONS MUST BE ACCOMPANIED BY A DEPOSIT OF 300€ TOWARD PROGRAM FEES PLUS THE ACCOMMODATION DEPOSIT. A 60€ COURIER FEE SHOULD BE ADDED WHEN NECESSARY. THE REMAINING FEES MUST BE PAID AT LEAST 2 WEEKS BEFORE ARRIVAL.