TeenagersAbroad
Learn a language abroad!

LanguagesAbroad
Learn a language abroad!

Your Trip. Your Way. 50 + destinations, 20 + Languages, 1 Adventure

PERSONAL DETAILS

FIRST NAME:_____ LAST NAME: _____

DATE OF BIRTH: ___(mm)___(dd)___(yy) GENDER: _____ CITIZENSHIP: _____

DIETARY/HEALTH RESTRICTIONS: _____

HOME PHONE: _____ CELL/WORK PHONE: _____

EMAIL: _____ PROVINCE/STATE: _____

ADDRESS: _____ CITY: _____ POSTAL CODE/ZIP CODE: _____

EMERGENCY CONTACT INFO

FIRST/LAST NAME: _____ RELATION: _____

PHONE & EMAIL: _____

PROGRAM DETAILS

LOCATION:_____ COUNTRY: _____ STARTING: ___(mm)___(dd)___(yy) # OF WEEKS: ___
COURSE: Standard / Intensive / Private   LANGUAGE LEVEL: No Knowledge / Beginner / Elementary / Intermediate / Advanced
ACCOMMODATION: _____ MEALS CHOICE (if available): Breakfast / Half Board / Full Board / No Board
ROOM TYPE: Single / Double / Other: _____ ROOMMATE REQUEST (must be mutual): _____
WOULD YOU LIKE TO ADD INSURANCE?: **Yes / No**
DO YOU NEED AIRPORT TRANSFERS?: **Yes / No**   IF YES, PLEASE SPECIFY WHICH: **Arrival / Departure**
DO YOU REQUIRE AN EXTRA NIGHT/TRANSFER?: **Yes / No**
IF YES, PLEASE SPECIFY…
SERVICE: Extra Night / Extra Transfer
DATE: ___(mm)___(dd)___(yy)
TIME: ___ : ___

I HEREBY UNDERSTAND THE TERMS & CONDITIONS

PARTICIPANT'S NAME: _____
BATE: ___(MM) ___(DD)___(YY)

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