

APPLICATION FORM
Summer camp 2006

Student's first name: _____

Student's last name: _____

Date of birth: ____/____/____ Age: _____

Male Female

Address: _____

City: _____ State: _____ Zip code: _____

E-mail address: _____

Cell phone #: (_____) - _____ - _____

Father's name: _____ phone#: (_____) _____ - _____

Mother's name: _____ phone#: (_____) _____ - _____

Passport number: _____

How did you hear about I.C.C.S? _____

Destination: Paris Madrid

Dates: From ____/____/____ to ____/____/____

Number of weeks: _____

Optional sports for Madrid (1 sport for every two week-session)

Tennis (\$180/2 weeks) Swimming

Special diet, medical and other observation: _____

Signature: _____

Date: ____/____/____

PAYMENT

Registration :

Registration form must be returned at least a month before arrival by mail, fax or e-mail with a deposit of:

- 100% of total amount (tuition + accommodation) for stays lasting up to 3 months (12 weeks).
- 50% of total amount (tuition + accommodation) lasting more than 3 months (12 weeks).

Cancellation:

More than a month before arrival: 30% from tuition.

Less than a month before arrival: 50% from tuition.

No refund is made if we are informed of your cancellation after the course begins.

I must apply for a long-term student visa, therefore, I request a pre-registration certificate (valid for a year) starting from ____/____/____.

Total amount of \$ _____ paid by: (check box)

Visa / MasterCard or EuroCard (the quickest)

Please fax your card number and your expiration date to: (310)-391-7176

Card holder's name: _____ card #: _____

Expiration date: ____/____/____ or call (310) - 391 - 7176

Bank transfer into:

LOS ANGELES
International Cross Cultural Services
Washington Mutual, Los Angeles / Mar Vista Financial Center 1209
Account #: 3061295800
IBAN: US 322271627

Please, specify the name of the student on the bank transfer and enclose a copy to:
I.C.C.S – PO Box 661932, 90066, Los Angeles or by fax to: (310)-391-7176

Check

Please send your check in \$US to: I.C.C.S – PO Box 661932, 90066, Los Angeles, CA.

I understand that no refund*, nor change of program will be made.

The pre-registration certificate is valid for one year and I may change the course dates within this period only. I have read the term and conditions and I accept them.

Date: ____/____/____

Signature: _____

*Except when showing proof of visa refusal.