



ENGLISH CENTRE

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APPLICATION FORM TO GO TO BRECON GALES 2024

PHOTO

First name: _____ Surname: _____ Male Female

Address: _____

Town: _____ Post Code: _____ Country: _____

Telephone: _____ Others: _____

Email: _____ D.N.I. _____ Age: _____

Date of birth: DD _____ MM _____ YY _____

Nationality: _____ Native Language: _____

Do you smoke? Yes No

Knowledge of English: Elementary Intermediate Advanced

How did you hear about ENGLISH CENTRE? _____

I wish to register for a course for 1 week 2 weeks 3 weeks

Arrival details day _____ Flight n° _____

Departure details day _____ Flight n° _____

Accommodation:

Residence

Family with a friend with other nationality only you

Please indicate any allergies or medical particulars: _____

Are you vegetarian? _____

Do you like animals in the family? Yes _____ No _____ I don't mind _____

Date _____

Signature _____