



APPLICATION FORM

LIMASSOL CENTRE

1. DETAILS:

Mrs. / Mr. _____ Date of birth:

Family Name: Place of birth:

First Name: Nationality:

Address: Country:

..... Passport No:

..... E-mail:

Tel.: Fax:

Female Male

2. FLIGHT DETAILS:

Arrival date: Arrival Time: Flight No: From:

Dep. Date: Arrival Time: Flight No: From:

3. LANGUAGE COURSE:

Start date: End date:

General English One-to-one lessons English or Greek

10 lessons 20 lessons other

4. APPROXIMATE LANGUAGE LEVEL:

Beginner Intermediate Upper-Intermediate Advanced

5. ACCOMMODATION:

Quadruple Triple Double Single

6. ADDITIONAL INFORMATION AND REQUEST: (ALLERGIES, SPECIAL DIET, EXTRA SERVICE ...)

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The confirmation of payment is obligatory for all the participants of ESSC Services Ltd. Please send it by fax or e-mail to our office as soon as possible.

AGENCY, STAMP, SIGNATURE AND DATE: