

Summer School 2011 - Registration Form



Personal Information - Please write in BLOCK CAPITALS

Please affix
passport size
photograph here

Family Name: _____

First Names: _____

Date of Birth: _____

Nationality: _____

Home Address: _____

Telephone: (Home) _____ (Work) _____

Fax: _____ Email: _____

PRESENT STANDARD OF ENGLISH

- Elementary
- Intermediate
- Advanced

I have studied English for years

HEALTH AND DIET

Do you have any illness needing special care? Yes No
If yes, please specify _____

Do you smoke? Yes No

Do you have any special dietary needs? Yes No
If yes, please specify _____

Payment - Please write in BLOCK CAPITALS

I am paying by Credit Card Enclosed sterling bank cheque Cash

I wish to pay the full fees now Please take from my credit card £200 as part payment for the course
(the rest to be taken 4 weeks before the start of the course)

Credit Card Number

3 digit security code: _____ Name on Card: _____ Start Date: _____

Expiry Date: _____ Issue number: _____ Signature: _____ Date: _____

Address of Card Holder: _____

How did you hear of CRC? _____

Signature of Parent or Guardian (if student under 18) _____ Date: _____

Dates

Start Date: 27th June 2011
End Date: 2nd September 2011

Students can enrol for a minimum period of two weeks or for the full eight weeks.

Courses / Costs

Registration Fees	£50 per student
English for Teachers	£150 per week
English for Professionals	£150 per week
English for Academic Purposes	£139 per week
English for General Purposes	£139 per week

Registration

I would like to study _____ (Course)

for _____ (Number of weeks - 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10)

From _____ to _____ (Dates)

Accommodation: Family Single Room Twin Room

Please complete all sections, on both sides of this Registration Form and return with your payment to:

Cambridge Regional College
International Office
Science Park Campus
Kings Hedges Road
Cambridge
UK
CB4 2QT

Telephone: +44 (0) 1223 226317
Fax: +44 (0) 1223 226391