

Application for GLS Junior Summer Camps

Please fax to +49 30 787 41 92 or send by email to: german@gls-berlin.de or by mail to: GLS Sprachenzentrum Berlin, Kastanienallee 82, 10435 Berlin, Germany

Name:	First Name:			mal	e female
Nationality:	Mother Tongue:			Date o	f birth:
Telephone:	Email:				
Fax:	x: Street:			Postal	Code:
City:	Country	/ :			
If you need a visa, how do you want documents sent:			ordinary ma	ail by expre	ess mail (on surcharge)
Only if you need a visa - y	our passport no.:		How did	you find out abou	t GLS?
Condition of Heal	th				
Allergies:	Medic	cation currently	/ used:		
Comments about general	condition of health:				
vegetarian	diabetic	special di	et:		
Knowledge of Ge	rman				
Complete beginner	Elementary	Intermediat	e	Quite good	Advanced
School year:	Number of year	ars of German	study:	-	
Program you'd lik	ce to book				
Berlin Young & Fun (S	chmöckwitz) (7-14 years	s) Multispor	t Program?	Tennis	Sailing
Berlin Water Sports (B	lossin) (13-16 years)	·			
Berlin Westend (14-17 years) 20		20 lessons	25 less	ons	
Berlin City Center (15-17 years)		Single room	Double	room	
Berlin Villa (16-17 year	s)		,		
Berlin College (16-18 y	rears) (On campus	Double	room on campus	Hostel
Munich Young & Fun (Josefstal) (7-14 ye		Multispor	t Program?	Tennis	Soccer
Munich Adventure (Spi	itzingsee) (12-17 years)				
Munich Castle (Burg S	chwaneck) (14-17 years)			
Munich Intensive (15-1	7 years) 2	0 lessons	25 less	sons	
Dates					
Course dates from:	,	to:			
How long would you like to	o stay: 2 week	s 3 w	eeks	4 weeks	other:
Price total					
Laccent the GLS terms	s and conditions and pay	, by	bank trans	fer credit ca	ard
Bank transfer – please p	· ·	•	Darik trails	iei credit ca	ii d
				Account no: 35	6/12885
SWIFT: HYVEDEMM, IBAN: DE16 1002 0890 0356 4128 85 Account no: 356412885 Bayerische Hypo- und Vereinsbank AG: bank code 100 208 90 Address: Leibnizstr. 100, D-106258 Berlin					
Credit card - please indic		Master Ca	rd 4	American Express	Diners Club
Name of cardholder:			'	EAPTOOL	25.5 5145
Expiry date:	Card No.:				
Date	Signature (for minors signature of parent or guardian)				