

Ariana Lenk 2009

Application Form for Summer Language Course in Lenk

Please fill in the form in block letters!

Surname: _____ First name: _____

 Boy Girl Date of birth: _____ Nationality: _____

Religion: _____ Native language: _____

Date of entry (Mondays): _____ Date of departure (Saturdays): _____

Selected language (one main language course must be chosen):

The main language course meets for 3–5 lessons daily

German English French
 Level: Beginner Intermediate Advanced

Optional additional private lessons available in the following subjects (can also be finalized on arrival):

German: ____ /week English: ____ /week French: ____ /week Additional subjects on request

Choice of afternoon leisure and sport program:

Mountain biking Basketball Beach volleyball Tennis
 I will bring my own mountain bike I would like to rent a mountain bike

Compulsory accident insurance:

My child requires an accident insurance for the duration of the summer course
 Copy of valid accident insurance policy attached

Laundry: ____ /weekAirport transfers: Yes (flight details can be given later)**How did you learn about our school?**

Agency Friends Internet Advertisement I've been an ARIANA student before

Surname and first name of parent(s): _____

Profession: _____ Street: _____

Zip Code, City: _____ Country: _____

Telephone: _____ Fax: _____ E-mail: _____

The weekly course fee is CHF 1 330.–. Reservations are made in the order in which applications are received.
 A deposit of CHF 500.– must accompany this application. It will be credited to the final account.

On the basis of the prospectus, the General Terms of Contract and Travelling (GTCT) and the house rules of Sprachkurse Ariana AG, all of which are integral parts of the contract, the undersigned hereby enrolls the above mentioned student for the summer course in Lenk. The contract is subject to Swiss law. Court of jurisdiction is St. Gallen. The attendance of classes is compulsory. Fees are to be paid 30 days before the beginning of a course.

Signature of the parental authority: _____

Please turn over.

State of Health

Surname: _____ First name: _____

Date of birth: _____

Swimmer Non-swimmer

Fitness for sports: yes
 no: _____

Allergies: _____

Long-term prescribed medication: _____

Tetanus vaccination: yes Date: _____ no

Other important information about student's health: _____

Place and date: _____

Signature of parental authority: _____

Please enclose 2 passport photographs.

Bank details:
Payments in Swiss Francs (CHF). Other currencies will be converted according to the exchange rate of the day.
Please specify the student's surname and first name.
Beneficiary: Sprachkurse ARIANA AG, Höhenweg 60, 9000 St. Gallen/Switzerland, Bank: CREDIT SUISSE, 7050 Arosa/Switzerland, IBAN: CH85 0483 5044 7759 9100 0; Swift: CRESCHZZ80A; Clearing number: 4835