Provisional Booking Form >

INDIVIDUAL BOOKINGS ONLY

Please complete this form and fax it to +44(0)1628-829977 or send it to: Ardmore Language School, Hall Place, Berkshire College, Burchetts Green, Berkshire, SL6 6QR, UK Alternatively you can email it to: info@theardmoregroup.com



STUDENT DETAILS:			
Name of Student:		Date of Birth:	
Male or Female:		Nationality:	
Address of Student:			
Country of Residence:		Passport No:	
Telephone:		Fax:	
Mobile Telephone:		Email:	
Centre/Course Chosen:			
Date of Arrival:		Date of Departure:	
Number of nights:	Number of years study	ing English: Level of English:	
Medical information (eg asthmatic, allergies):			
Special Dietary Requirements:			
I confirm that my child can swim 25 metres:			
I give permission for my child to take p	part in the swimming activ	vities: Yes	No
Emergency contact details of parents/guardian whilst student is staying with Ardmore (must include mobile):			
Telephone:		Mobile Telephone:	
ticking one of the boxes if you would li Yes No If you do not require us to arrange instead personal travel insurance which provide	ike us to arrange insurance urance for you, we require des comparable cover as to ble liabilities which may a	e a copy of your	ersonal travel insurance policy. Please indicate by insurance. I confirm I have arranged alternative Ardmore Language School. Furthermore, I absolve failure to take out adequate insurance cover. I con-
Airport/rail/coach transfer – does your child require a transfer? Yes No			Yes No
If YES please give details:			
Arrival Time:		Airport/Station:	
Date		Flight/coach:	
Departure:		Airport/Station:	
Date		Flight/coach:	
DECLARATION: I confirm that I have read, understood and accept the Booking Terms and Conditions and the clause relating to insurance			
Signature:	Date:		Name: