

# BOOKING FORM 2012

## Summer Centres

# Twin Group

Tower House, 67 - 71 Lewisham High Street,  
London, SE13 5JX, United Kingdom.

Tel: +44 (0)20 8297 1132 • Fax: +44 (0)20 8297 0984

Email: sales@twinuk.com • Website: www.twinsummercentres.com

# Twin

**By completing and submitting this booking form to Twin Group, the agent / applicant is automatically agreeing to Twin Group's terms and conditions**

**PLEASE USE CAPITAL LETTERS IN THE RELEVANT SPACES, TICK THE APPROPRIATE BOXES AND SEND BOOKING FORM TO: TWIN GROUP, 2nd FLOOR, 67 - 71 LEWISHAM HIGH STREET, LONDON, SE13 5JX, UNITED KINGDOM. OR FAX TO: +44(0)20 8297 0984, AND ARRANGE FOR PAYMENT OF YOUR £150 DEPOSIT.**

ARE YOU A REGISTERED TWIN GROUP AGENT? YES  NO  If 'YES', please enter agency name here:

### Personal Details:

Surname:  First Name:  Age:  Sex: Male  Female

Address:

Town:  Country:  Nationality:

Email:  Tel/Fax:  Passport Number:

Mobile:  Date of Birth:  How many years have you studied English for?:

Indicate your level of English: BEGINNER:  ELEMENTARY:  LOWER INTERMEDIATE:  INTERMEDIATE:  HIGHER INTERMEDIATE:  ADVANCED:  POST ADVANCED:

### Course / Centre choice:

**Please select which Summer Centre you would like to attend:**

Chosen Centre:

Accommodation: Homestay:  Residential:

Total number of weeks:  Arrival date:

Departure date:

Transfer required: Yes:  No:

Additional nights required: Yes:  No:  If yes, state number of nights

Football coaching option: Yes:  No:  Only available at selected centres

Tennis option: Yes:  No:  Only available at selected centres

Which tennis option? Group:   
Individual:  How many individual lessons in total?

**Damage Deposit:** ALL students must pay a refundable damage deposit on arrival at their centre: GBP 50 in the UK / USD 75 in USA

**Special Requirements:** Do you have any special dietary requirements? No  Yes

If yes, please specify:

Do you have any allergies? No  Yes  If yes, please specify:

Do you have any medical conditions and/or requirements? No  Yes  If yes, please specify:

# BOOKING FORM 2012

## Summer Centres

# Twin Group

Tower House, 67 - 71 Lewisham High Street,  
London, SE13 5JX, United Kingdom.

Tel: +44 (0)20 8297 1132 • Fax: +44 (0)20 8297 0984

Email: sales@twinuk.com • Website: www.twinsummercentres.com

Do you have any other special requests? No  Yes  If yes, please specify:

**Airport / Rail Transfers:** (AIRPORT TRANSFER DETAILS REQUIRED 2 WEEKS PRIOR TO ARRIVAL) We recommend that all students of 16 years and below travel with airline unaccompanied minor status. Please tick yes or no: No  Yes

**Arrival:** Do you require transfer on arrival?:  YES  NO  If yes, date of arrival:

Airport:  Flight no:  Time of arrival:  Airport of origin:

**Departure:** Do you require transfer on departure?:  YES  NO  If yes, date of departure:

Airport:  Flight no:  Time of departure:  Destination airport:

### Payment:

Please view the Summer Centres fees sheet for full details of centre, course, transfers pricing, etc..

I am sending a DEPOSIT of £150  Or full payment of: £

NB: Full payment must be received AT LEAST 28 DAYS before the date of arrival.

I am paying by:

**CHEQUE, Please make cheques payable to:**  
Twin Training International Ltd.

**BANK TRANSFER\*** \*Please add £10 per transfer, to cover UK bank charges  
**Bank name:** HSBC Bank Plc, 9 Wellesley Road,  
Croydon, Surrey, CR2 2AA

Our account no.: 12671395 Our sort code: 40-18-41

IBAN: GB14MIDL40184112671395 BIC code: MIDLGB2103W

**CREDIT CARD\*, please tick appropriate box:** MASTERCARD  EUROCARD  VISA

Name on Card:  Card Number:

Expiry Date:     Security Number (back of Card):    Issue Number:  \*PLEASE NOTE: There is a 2% surcharge for payment by credit card. 3% American Express.

### PAYMENT CALCULATOR

Centre per week £  x No. of weeks  = £

Return Transfer = £

Additional nights  x £  = £   
(Host family only)

**\*PLEASE ADD SURCHARGES IF PAYMENT BY BANK TRANSFER / CREDIT CARD** **TOTAL = £**

### Declaration / Authorisation:

I HAVE READ AND UNDERSTOOD TWIN GROUP'S TERMS AND CONDITIONS (also available at [www.twinsummercentres.com/downloads](http://www.twinsummercentres.com/downloads)).  
I ENCLOSE THE REQUIRED DEPOSIT OF £150 (OR FULL FEES IF APPLICABLE).

In the event of an EMERGENCY I AUTHORISE ANY RESPONSIBLE MEMBER of your organisation to give permission for an operation to be performed upon the participant if so advised by qualified medical staff. Please give emergency contact details if different from the ones entered on this form:

Signature:  Date:

**Next of kin details:**

Signature of Parent(s), if under 18:  Date:

Surname:  First Name:  Mobile:

Address:  Tel:

Country:

Town:  Post Code:  Email:

### OFFICE USE ONLY

Booking Reference Number:  Invoice Number:

Notes: