

BOOKING FORM 2010

Summer Centres

Twin Group

2nd Floor, 67 - 71 Lewisham High Street, London, SE13 5JX, United Kingdom.

Tel: 0870 777 5205 • Fax: 0870 777 5206

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

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

Please affix two passport size photographs to this form

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: (For homestay only) Yes: No:

Chelsea Football coaching option: Yes: No:

If yes, state number of nights

Only available at selected centres

Tennis option: Yes: No:

Only available at selected centres

PLEASE NOTE: All arrival and departure days are on Sundays (except Colchester which are on Mondays)

- unless an alternative day is agreed with the Operations Manager

Which Tennis Option?

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:

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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 Vacation Courses fees sheet for full details of centre, course, transfers pricing, etc..

I am sending a DEPOSIT of £150 or full payment of £

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

I am paying by:

CHEQUE, Please make cheques payable to:
ECO Summer Schools Limited

BANK TRANSFER* *Please add £10 per transfer, to cover UK bank charges

Bank name: BARCLAYS BANK PLC, Knightsbridge
Business Centre - PO Box 32014, London NW1 2ZG

Our account no.: 80936847 Our sort code: 20-06-05

IBAN: GB92 BARC 2006 0580 9368 47 Swift: BARC GB22

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 = £**

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.**

Declaration / Authorisation:

I HAVE READ AND UNDERSTOOD TWIN GROUP'S TERMS AND CONDITIONS (also available at www.twinuk.com/download). 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: