SUMMER YOUTH PROGRAM APPLICATION

***** Please complete application form and send to laura@kliweb.com**

APPLICANT INFORMATION

Full Name: _____ Age: _____
Last First Initial

Address: _____
Street Apartment/Unit

_____
City Postal Code

Phone: _____ Email: _____

PROGRAM INFORMATION

Program Applied For: ☐ English ☐ French ☐ Spanish

Probable Level: ☐ Beginner ☐ Intermediate ☐ Advanced

For the Week(s) of: ☐ July 16-20, 2012 ☐ July 23-27, 2012

☐ July 30- Aug. 3, 2012 ☐ Aug. 6-10, 2012

Will you be requiring home stay? ☐ yes ☐ no

EMERGENCY CONTACT

Full Name: _____ Relationship: _____

Address: _____

Phone: _____