



Application for GLS Junior & Teenager Programs

Please fax to +49 30 787 41 92 or send by email to: german@gls-berlin.de
or by mail to GLS Sprachenzentrum Berlin, Kastanienallee 82, 10435 Berlin, Germany.

Name:	First Name:	male <input type="checkbox"/> female <input type="checkbox"/>
Nationality:	Mother Tongue:	Date of birth:
Telephone:	Fax:	
Email:	Street:	Postal Code:
City:	Country:	

If you need a visa, how do you want documents sent: by ordinary mail by express mail (on surcharge)

Only if you need a visa - your passport no.: _____ How did you find out about GLS? _____

Condition of Health:

allergies: _____ medication currently used: _____
comments about general condition of health: _____
 vegetarian diabetic special diet:

Knowledge of German:

complete beginner elementary intermediate quite good advanced
school year: _____ number of years of German study: _____

Program you'd like to book

Schmöckwitz Summer Camp (Teikyo) (8-15 years) Multisport Program? Tennis Sailing
 Berlin Summer Villa (14-17 years)
 Berlin Summer College (17-20 years) residential host family transfer on arrival on departure
 Blossin Summer Camp (12-17 years)
 Spitzingsee Summer Camp (12-17 years)
 Holzkirchen Summer School (12-17 years)
 Munich - Burg Schwaneck (14-17 years)
 Josefstal Summer Camp (8-15 years) Multisport Program? Tennis Soccer

Dates:

Course dates from: _____ to: _____
How long would you like to stay: 2 weeks 3 weeks 4 weeks other: _____
Arrival time: _____ at airport/station: _____ Departure time: _____ from airport/station: _____

Price total:

I accept the GLS terms and conditions and arranged payment of deposit (EUR 200)/total amount by
 wire transfer credit card check drawn on German bank with no charges to beneficiary.

Please pay by bank transfer to: **GLS Sprachenzentrum Berlin**

SWIFT: HYVEDEMM, IBAN: DE16 1002 0890 0356 4128 85

Account no: 356412885

Bayerische Hypo- und Vereinsbank AG: bank code 100 208 90

Address: Leibnizstr. 100, D-106258 Berlin

In case of paying by credit card, please indicate Visa Master Card American Express Diners Club

Name of cardholder: _____

Expiry date: _____ Card No.: _____

Date _____ Signature (for minors signature of parent or guardian)



EducoTeam

Bul. kralja Aleksandra 136/1 11 000 Beograd PIB: 104129527

Tel/Fax: +381 (0) 11 344 78 41 Mob: +381 (0) 64 21 99 431

e-mail: office@educoteam.rs web: www.educoteam.rs

PRIJAVA/ENROLMENT FORM

PREZIME: _____ **IME:** _____

KUĆNA ADRESA: _____

GRAD i POŠT.BROJ: _____ **TELEFON:** _____

E-MAIL ADRESA: _____

DATUM ROĐENJA: _____ **POL:** _____

IME I PREZIME OCA: _____ **MAJKE:** _____

TELEFON (RODITELJA) NA POSLU: _____ **MOBILNI:** _____

CENTAR - GRAD I ŠKOLA : _____

TIP KURSA: _____

DATUM POLASKA: _____ **DATUM POVRATKA:** _____

DUŽINA BORAVKA: _____ **BROJ ČASOVA:** _____

TIP SMEŠTAJA: PORODICA INTERNAT/KOLEDŽ OSTALO _____

TIP SOBE: _____ **ISHRANA** _____
/opcije samo u slučaju kada škola nudi mogućnost izbora/

SPECIJALNI ZAHTEVI: dijeta, alergije, bolesti, kućni ljubimci: _____

POSEBNE NAPOMENE U VEZI EVENTUALNIH ZDRAVSTVENIH PROBLEMA: _____

ŽELIM PORODICU: PUŠAČE NEPUŠAČE

ŽELIM TRANSFER: DA OW RT NE

(AVIO) PREVOZ: INDIVIDUALNI POSREDSTVOM EDUCOTEAM-A

OVIM POTVRĐUJEM DA SU SVI GORE NAVEDENI PODACI TAČNI I DA SAM U CELOSTI UPOZNAT/A I PRIHVATAM PROGRAM I OPŠTE USLOVE (TERMS & CONDITIONS) ŠKOLE ZA KOJU SE PRIJAVLJUJEM I OPŠTE USLOVE POSLOVANJA EDUCOTEAM DOO, BEOGRAD

**POTPIS STUDENTA/RODITELJA
I BROJ LIČNE KARTE**

POTPIS PREDSTAVNIKA EDUCOTEAM-a

MESTO I DATUM