



Accommodation Form

Personal Details

Surname (Mr/Mrs/Miss):	First Names:
Date of Birth (dd/mm/yy):	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Nationality:	First Language:
Address in your country:	
Contact in case of emergency (Telephone):	

Accommodation Booking Details

Arrival Date (dd/mm/yy):	Departure Date (dd/mm/yy):
First Night (dd/mm/yy):	Last Night (dd/mm/yy):
Total weeks:	
Boarding Option: Bed <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Bed, Breakfast and Evening Meals <input type="checkbox"/>	
Do you smoke? (Yes or No)	Do you have any allergy?
Do you have any special needs?	
Please note that if you first choice is not available you will be allocated the closest alternative.	

Arrival Details

Date (dd/mm/yy):	Flight No.:
From to (e.g. LHR/LGW/STD/LUT/Waterloo)	
Arrival Time:	
Airport Transfer Required: Arrival Transfer <input type="checkbox"/> Return Transfer <input type="checkbox"/>	

Signature

I have read and understood the terms and conditions of enrolment and I confirm that the above details are correct.	
Signature:	Date (dd/mm/yy):

Payment Details (FOR OFFICE USE ONLY)

Accommodation Arrangement Fee:	Accommodation Fee:
Deposit:	Total Amount:
Paid by: Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Bank Transfer <input type="checkbox"/>	