

REGISTRATION FORM FOR THE CAMP

Please send or fax to:

Berlitz Kids & Teens • 89-93, Grand-Rue • L-1661 Luxembourg

Fax: 00352 26 97 60 75 • kids@berlitz.lu

Location:

Date:

Language

English

German

French

Program

(for example: Horseback riding / Golf etc.)

Fun & Action 

other variety _____

Family Name, First name of parent or guardian

Tel. home

Tel. work

Street, Nr.

Tel. mobile

Postcode, Town/City

E-Mail

Child's Name

Please provide further information regarding language level (ex. 3 years of French at school/Berlitz camp Language Level)

m/f

Date of birth

Class

Interests/Hobbies

My child can swim

yes

no

My child has camp experience

yes

no

Friends in the camp you'd like to share a room with

Other relevant information, medical questions, dietary requirements, other (if applicable)

How did you hear about Berlitz Kids Camps?

Berlitz School

Friends

Internet

Newspaper/Magazine: _____

Other (please explain): _____

I will bring my child

to the camp

to the transfer point (only for the French Camp)

My child has attended a Berlitz camp _____ times

My child is attending a Berlitz Camp for the first time

Please also send a camp brochure to:

Name, First name of parent or guardian

Street, Nr.

Postcode, Town/City

I have read and understood the terms and conditions of registration.

Place, date and signature of parent/guardian