



# GRECOPHONE HOLIDAYS

## Application Form

### **Your Contact Details**

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Daytime telephone: \_\_\_\_\_

Evening telephone: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Home Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

### **Standard**

What do you believe is your level of Greek proficiency?  
(Please Circle)

Beginner    Intermediate    Advanced:

Strengths:

Weaknesses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
I would like to apply for a place on a Grecophone course between  
the following dates:  
\_\_\_\_\_

**Additional Requirements**

Do you have any of the following? If yes, please specify in order to help us cater for your needs.

Dietary requirements

\_\_\_\_\_

Disabilities

\_\_\_\_\_

Allergies

\_\_\_\_\_

Do you smoke? *(Please Circle)*

YES          NO

*Your sensitive personal details are not provided to or shared with any third parties, and are only kept for the duration of your custom.*

\*Are you able to arrange transport to and from Kavala? *(Please Circle)*

YES          NO

I have read and accept the terms and conditions. *(Please Circle)*

YES          NO  
(Please supply a signed copy).

Please accept my application for a place on a Grecophone course between the dates which I have provided.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_ (DDMMYY)

\*It is possible to fly a) directly to Kavala or b) to Thessaloniki, followed by a two hour bus journey.

Please return this form to the following address with a minimum deposit of 100 pounds (Cheques payable to George Howell):

George Howell  
Grecophone,  
26 Willow Close,  
Mylor Bridge,  
Falmouth,  
Cornwall  
UK  
TR11 5SG