



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