



**APPLICATION FORM**

**LARNACA CENTRE**

**1. DETAILS:**

Mrs. / Mr. \_\_\_\_\_ Date of birth: .....  
Family Name: ..... Place of birth: .....  
First Name: ..... Nationality: .....  
Address: ..... Country: .....  
..... Passport No: .....  
..... E-mail: .....  
Tel.: ..... Fax: .....

Female  Male

**2. FLIGHT DETAILS:**

Arrival date: ..... Arrival Time: ..... Flight No: ..... From: .....  
Dep. Date: ..... Arrival Time: ..... Flight No: ..... From: .....

**3. LANGUAGE COURSE:**

Start date: ..... End date: .....  
 General English  One-to-one lessons English or Greek  
 10 lessons  20 lessons  other .....

**4. APPROXIMATE LANGUAGE LEVEL:**

Beginner  Intermediate  Upper-Intermediate  Advanced

**5. ACCOMMODATION:**

Quadruple  Triple  Double  Single

**6. ADDITIONAL INFORMATION AND REQUEST: (ALLERGIES, SPECIAL DIET, EXTRA SERVICE ...)**

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The confirmation of payment is obligatory for all the participants of ESSC Services Ltd. Please send it by fax or e-mail to our office as soon as possible.

AGENCY, STAMP, SIGNATURE AND DATE: