

# Youth Registration

## Hometown, Brazil English Language Village


 IBM Employee?  Yes  No IBM E-Mail \_\_\_\_\_ IBM Location \_\_\_\_\_

SESSION	DATES	AGES	EARLY REGISTRATION COST (UNTIL DEC. 7)	REGULAR REGISTRATION COST (AFTER DEC. 7)
<input type="checkbox"/> EZ20	Jan. 11-16	10-15	325 USD	600 USD
<input type="checkbox"/> EZ21	Jan. 11-16	10-15	275 USD (IBM employee)	500 USD (IBM employee)
<input type="checkbox"/> EZ30	Jan. 18-23	10-15	325 USD	600 USD
<input type="checkbox"/> EZ31	Jan. 18-23	10-15	275 USD (IBM employee)	500 USD (IBM employee)

**Complete form and return payment to:**

 Concordia Language Villages  
 Attn: ELV  
 901 8th St S  
 Moorhead, MN 56562 USA

 FAX: +1-218-299-3807  
 PHONE: +1-218-299-4947  
 E-MAIL: elv@cord.edu

[www.EnglishLanguageVillage.org](http://www.EnglishLanguageVillage.org)
**Youth Participant**

 Full Name \_\_\_\_\_  
Last First Middle  
 Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_

**School Information for Youth Participant**

 School Name \_\_\_\_\_  
 Current year in school \_\_\_\_\_  
 Years of English study in school \_\_\_\_\_  
 Languages spoken \_\_\_\_\_  
 Attended *Hometown, Brazil* 2009?  Yes  No  
 Attended other English programs?  Yes  No  
 If Yes, program name \_\_\_\_\_

**Payment Method**

A non-refundable deposit of \$175 USD is required with registration by December 7 to qualify for the early-bird discount. Remaining balance will be automatically charged to the same credit card in December. All balances must be paid in full by December 21, 2009. Registration confirmation will be sent via e-mail.

 VISA  MasterCard

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

 Full Payment in Amount of \$ \_\_\_\_\_ (USD)

-OR-

 Two Payments: November, December 2009

Cardholder Name (Please Print) \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Signature \_\_\_\_\_

**Adult 1 (Parent / Guardian)**

Will receive communication before and during session.

 Full Name \_\_\_\_\_  
Last First Middle  
 Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year  
 Custodial parent/guardian at time of session?  Yes  No  
 Relationship to Youth Participant \_\_\_\_\_  
 Mailing Address  Same as Youth  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 E-Mail (required) \_\_\_\_\_  
 Profession/Occupation \_\_\_\_\_  
 Optional Information  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Employer's Location (City, State, Country) \_\_\_\_\_  
 How did you hear about us? \_\_\_\_\_

**Adult 2 (Parent / Guardian)**

 Also include in communication before and during session.  Yes  No

 Full Name \_\_\_\_\_  
Last First Middle  
 Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year  
 Custodial parent/guardian at time of session?  Yes  No  
 Relationship to Youth Participant \_\_\_\_\_  
 Mailing Address  Same as Youth  Same as Adult 1  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Profession/Occupation \_\_\_\_\_  
 Optional Information  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Employer's Location (City, State, Country) \_\_\_\_\_  
 How did you hear about us? \_\_\_\_\_

**Emergency Contact**

(If unable to reach parent/guardian during session.)

Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Languages spoken \_\_\_\_\_