

Youth Registration

Hometown, Brazil English Language Village



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

IBM Employee? Yes No IBM E-Mail _____ IBM Location _____

SESSION	DATES	AGES	EARLY REGISTRATION COST (UNTIL NOV. 30)	REGULAR REGISTRATION COST (AFTER NOV. 30)
<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)

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 November 30 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 _____