

ENGLISH SUMMER CAMP

REGISTRATION FORM

STUDENT'S NAME:

DATE OF BIRTH: AGE:

SCHOOL/ UNIVERSITY:

ADDRESS:

STATE: POSTCODE: COUNTRY:

TELEPHONE NO. : MOBILE NO. :

E-MAIL:

PLEASE TICK YOUR LEVEL OF ENGLISH PROFICIENCY AS BELOW (/)

- () BEGINNER
- () INTERMEDIATE
- () EXPERT

HOW MANY YEARS HAVE YOU BEEN LEARNING ENGLISH?

_____ YEARS

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UNIVERSITY COLLEGE