

# Registration form

Family name / First name      Mrs      Ms      Mr  
*(required)*      Address : *(required)*

Date of birth      *(required)*

Nationality :      *(required)*      City and Zip code : *(required)*

Profession / Study : *(required)*      Country : *(required)*

e-mail : *(required)*      Phone :

## Language stay

Course type ? *(required)*      How many weeks ? *(required)*

*[You need to click on the number for validate]*

Course starting date      *(required)*      Course ending date      *(required)*  
[day]      [month]      2018      [day]      [month]      2018

Your level in french ? *(required)*



## Accommodation

Accommodation type ? *(required)*

Number of nights :

Accommodation starting date

[day] [month] 2018

Accommodation ending date

[day] [month] 2018

If you wish that we book your accommodation, please provide the following information  
Hotel, residence, single, double room :

If you have allergies or special diets please tell us which :



## *Travel details* (if already available)

This information is indispensable for the host family.

Date of arrival : time :

[day] [month] 2018

✈ Airline and Flight number

🚆 Train number, coming from

🚌 Company, coming from

Other :

## *Under 18 students medical consent*

I, as (father, mother or guardian) of the undersigned student, do hereby authorize the BLCI staff to consent to any medical act, treatment or hospitalization, if necessary, under the supervision of a licensed doctor or surgeon. I release BLCI from all liability to such actions and take all the responsibilities for them.

Name of parent or legal guardian, of (student's name),  
date and signature

Thank you for completing the registration form. Save it, and please send it by mail : [contact@blici64.fr](mailto:contact@blici64.fr)  
or join it at [www.blici64.fr/contact/](http://www.blici64.fr/contact/)

