



REGISTRATION FORM

18 Main St., Rush, Co. Dublin
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E-mail: info@dalmaclanguage.ie , www.dalmaclanguage.ie

PHOTOGRAPH

PLEASE
PROVIDE TWO
30mm x 35mm
(Passport size)

PERSONAL DETAILS

Surname : _____ First name : _____
Address : _____
Telephone : _____ Fax : _____ Email : _____
Date of birth (dd/mm/yy) : ___/___/___ Female Male Occupation : _____
Nationality : _____ Native Language : _____
Other Languages : _____ Smoker Non-smoker
Level of English : Very Good Good Fair None
How did you hear about the Dalmac Language? : _____

COURSE DETAILS

I wish to register for Course Code _____ Starting ___/___/___ Ending ___/___/___ Number of weeks _____

ACCOMMODATION DETAILS

Host family UCD (summer only) Trinity College (summer only)
Hotel Self-catering townhouse / Apartment Guesthouse
Single room Twin Room

TRANSFER DETAILS

Do you wish to avail of our airport transfer service? On your arrival Yes No
On your departure Yes No
Date of arrival : ___/___/___ Time of arrival : ___/___/___ Flight number : _____
Date of departure : ___/___/___ Time of departure : ___/___/___ Flight number : _____

PAYMENT DETAILS

We would ask you to make payment in the following manner –

By telegraphic transfer

Bank: Bank of Ireland, Swords, Co. Dublin
Account Number: 14738268
Sorting Code: 90-07-03
Swift Code: BOFIE2D
IBAN : IE23 BOFI 9007 0314 7382 68

Please include euro €10.00 to cover bank administration charges

I enclose / attach a copy of payment in the amount of euro € _____

Signed : _____ Date : ___/___/___

I understand that all monies paid are non-refundable and that credits will only be allowed at the discretion of the Managing Director of the School