



HTM Center USA School and Residence

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*Come and experience
the real America*

APPLICATION FORM

ENGLISH LANGUAGE AND CULTURE COURSE

I, the undersigned, _____ birthdate _____

birthplace _____ resident _____ Street/Square _____

N. _____ Post Code _____ Fiscal Code _____

Telephone Number _____ Email _____

I ask the enrollment of the following members of my family:

1. Name and Surname _____

birthplace _____ birthdate _____

2. Name and Surname _____

birthplace _____ birthdate _____

3. Name and Surname _____

birthplace _____ birthdate _____

Level of knowledge of the English Language: A1, A2, B1, B2, C1, C2

CERTIFICATION _____

To the English Language Course from _____ to _____

and I approve all the conditions set in the agreement of which this application form is part.

DATE _____ SIGNATURE _____

The above data will be used by Us i for the purposes closely related to the activities of competence. The processing of personal data will take place by means of manual and informatic systems so to ensure the security and privacy of these data. I approve the processing of my personal data as is permitted .

DATE _____ SIGNATURE _____

**I ENCLOSE BANK TRANSFERT EUR300 - ITALIANROOM SRL - IT68U0103002803000063133253
- BIC/SWIFT PASCITM1FI3**

