

Registration Form



Please send this form to:

CHE Buenos Aires, Calle Mexico 1877, 1222 Buenos Aires, Argentina

Fon +54 11 4381 5684
Fax +54 11 4381 5684

info@casache.com
www.casache.com

Please complete the whole registration form!

1. Personal Data

Name First name

Date of birth (dd/mm/yyyy) Gender male female

Nationality Mother tongue

Hobbies or other interests

Address

City ZIP code Country

Telephone (home)

Telephone (work)

Mobile Email @

2. Course Information

Type of Course

Intensive course Super intensive course

Combination course DELE exam preparation

Twin classes For twin classes, name of partner

Individual classes For individual classes, number of lessons per week

Duration of Course

Course start (dd/mm/yyyy) Course end (dd/mm/yyyy)

Number of weeks

Spanish skills

none little intermediate good Very good excellent

3. Accommodation

Type of accommodation

Family with breakfast Family with half board

Hostel/Hotel Apartment No accommodation

Please indicate your contact address in Buenos Aires in case you have not chosen any accomodation.

Answer the questions below only if you chose HOST FAMILY as your accomodation option!

Do you smoke? Yes No Are you vegetarian? Yes No

Additional information regarding the host family (please tick your wishes):

Pets Yes No Neutral

Children under 5 Yes No Neutral

Smoker Yes No Neutral

Answer the questions below only if you chose Apartment as your accomodation option!

Desired price per month U\$ 400-600 U\$ 600-800 U\$ 800-1000

4. Airport Pick Up

Do you wish an airport pick up? Yes No

If YES, please specify (if already available):

Flight number

Arrival date (dd/mm/yyyy) Arrival time (hh:minmin)

5. Health

Please specify any medical particularities, special diets and nutrition habits or allergies that the school should be aware of:

Please specify any medical treatment that should be considered during your stay:

6. Payment Method

How would you like to pay? Bank transfer Payment Slip

In which currency would you like to pay? US Dollar Euro Swiss Franc

7. Emergency Contact

Name of emergency contact

Telephone (private) Mobile

8. Remarks

Do you have any remarks or recommendations?

9. Confirmation

Herewith I accept the general terms and conditions of CHE Buenos Aires.

Signature Date (dd/mm/yyyy)