



Kangourou-Cyprus

THALES Foundation
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Kangourou sans
frontières

KANGOUROU SUMMER CAMP 20-24 JULY 2018 RODON HOTEL, AGROS

STUDENT NAME/SURNAME:

BIRTH DATE: / /

SCHOOL NAME: CITY:

STUDENT'S MOBILE PHONE:

GRADE:

5th grade (Ε΄ Δημοτικού)

6th grade (ΣΤ΄ Δημοτικού)

7th grade (1^η Γυμνασίου)

8th grade (2^α Γυμνασίου)

9th grade (3^η Γυμνασίου)

English Level / Επίπεδο Αγγλικών

Θέλω να συμμετάσχω σε τάξη με ελληνική γλώσσα μόνο

The student's level of English is Average Good Very Good Native Speaker

PARENT'S or GUARDIAN'S FULL NAME:

PARENT'S or GUARDIAN'S MOBILE PHONE:

HOME PHONE:

FULL HOME ADDRESS:

CITY: **POSTAL CODE:**

Preferred bus origin and return:

Nicosia

Limassol

Larnaca

Paphos

Paralimni

.....

Parent's or Guardian's Signature

.....

Date

**All fields are required*

With my signature I agree to pay the advance non-refundable deposit of €100 and agree to pay the amount of €280 upon arrival at the first day of the Summer Camp, 24 July 2018. The €100 deposit will be refunded only in case when the student is not accepted to attend.

Please proceed with the payment to the THALES Foundation Hellenic Bank Account: 105-01-474640-01 and then please send the application form with the receipt of the deposit to support@thalescyprus.com or by post at Thales Foundation, Stasinou 36, Office 104, 2003 Strovolos, Nicosia, Cyprus

Make sure that the name of the student is reported through the transaction and is also written on the bank receipt.