



Gap Year Canada Ltd.

Mailing Address:

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Local UK Phone: 020 7096 1632

Website: www.GapYearCanada.com

affix photo here

THIS SECTION TO BE COMPLETED BY ALL APPLICANTS

Last Name: _____ First Name: _____
Gender: Male Female Date of Birth: ___ / ___ / ____ (dd/mm/yyyy)
Address: _____
Country: _____ Post Code: _____
Telephone: _____ Fax: _____
Email: _____ Parents email: _____
School / University: _____ / _____
How did you hear about Gap Year Canada? _____
 Friend Family School Teacher Newspaper Magazine Internet Other
Do you have a medical condition we should be aware of? _____

MINIMUM AGE: 18 years at the start of the program.

INSURANCE: Travel and Medical insurance is obligatory see website for details.

REFUND POLICY: As all payment become due and payable, they are non-refundable. We advise you to take out cancellation insurance and loss of personal property coverage.

REGISTRATION FEE: Please include the £150.00 registration fee with this application. This will be refunded to you on completion of the program. Please make a cheque payable to **Gap Year Canada** and send to: **Gap Year Canada, PO Box 4955, Banff, Alberta, Canada, T1L 1G2**

FILL IN THIS SECTION IF YOU ARE APPLYING FOR THE WINTER PROGRAM

Program Year: Oct 2010 - May 2011 Oct 2011 - May 2012 Oct 2012 - May 2013

FILL IN THIS SECTION IF YOU ARE APPLYING FOR THE SUMMER PROGRAM

Program Year: 2010 2011 2012 2013 Other: _____

OTHER INFORMATION Is there any other information, comments or questions you would like to supply to us?

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____