

GAPYEARCANADA

LIVE WORK & PLAY IN THE CANADIAN ROCKIES

PERSONAL DETAILS

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)
Address: No.	<input type="text"/>	Street:	<input type="text"/>
City/Town:	<input type="text"/>	County:	<input type="text"/>
Post Code:	<input type="text"/>	Country:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>
Email:	<input type="text"/>	School / University:	<input type="text"/>
Parents names:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parents email:	<input type="text"/>	<input type="text"/>	<input type="text"/>
How did you hear about Gap Year Canada?	<input type="text"/>		
Do you have a medical condition we should be aware of?	<input type="text"/>		
<input type="text"/>			

PROGRAM DATES

Program Year: 2012/13 2013/14 2014/15  2015/16 2016/17 

VISA INFORMATION

What passport(s) do you hold?

Do you have secured a visa already? Y N Do you require further details? Y N

All applicants require a Working Holiday Visa for Canada.

Refer to the Resources section in our website for a link to the International Experience Canada program to see if you are eligible.

OTHER INFORMATION

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

MINIMUM AGE: 18 years at the start of the program

INSURANCE: Medical insurance is obligatory

REFUND POLICY: All payments are non-refundable. We advise you to take out cancellation insurance and loss of personal property coverage.

REGISTRATION FEE:

Please include £150.00 registration fee with this registration.

Please make your cheque payable to Gap Year Canada Inc. and send to:

Gap Year Canada Inc., PO Box 4955, Banff, Alberta, Canada, T1L 1G2

Student Signature

Parent Signature

(Under 19 years Age)

ONLINE REGISTRATION

By ticking this box I agree to the Terms & Conditions of Gap Year Canada and fulfill the criteria of this form in full.

Date

Date