

FILL IN WITH CAPITAL LETTERS (READABLE)

The Summer School of Polish Language, Literature and Culture

Application Form

Surname: _____

Name: _____

Date of Birth: day: _____ month: _____ year: _____

Sex: ____ male ____ female

Country: _____ Passport Number: _____

E-mail: _____ Telephone Number: _____

Home address

Country: _____ City: _____

Postcode: _____ Street, home: _____

Mailing address

Country: _____ City: _____

Postcode: _____ Street, home: _____

Knowledge of Polish

	spoken	written
none	<input type="checkbox"/>	<input type="checkbox"/>
poor	<input type="checkbox"/>	<input type="checkbox"/>
fair	<input type="checkbox"/>	<input type="checkbox"/>
good	<input type="checkbox"/>	<input type="checkbox"/>
excellent	<input type="checkbox"/>	<input type="checkbox"/>

Additional information

• Do you want vegetarian meals during the whole month? Yes No

• Do you want to book a single room for an extra fee? Yes No

• How did you learn about the School? _____

I understand the rules of participation in the course. My health condition is no obstacle for my taking part in it.

I agree that my personal data will be lawfully processed for the School purposes (Ustawa o ochronie danych osobowych, Dz. Ustaw nr 133, poz. 833 z dn. 29 sierpnia 1997 roku).

Date

Signature