

Registration form

Date limite 1st of July 2019

Please fill, sign and return this form, with your full payment

And to send by e-mail to

ramintaneverdauskaite@music-vibes.fr

PARTICIPANT

Family name :	First name :	male :	female :
Date of birth :	Place of birth :	Nationality:	
Address :			
Zip code :	City :	Country :	
Cell :	Parents number 1 :	Parents number 2 :	

***PARENT'S EMAIL ADDRESS (compulsory) :**

SESSION : August 18th to 24th 2019 August 24th to 31st 2019

FEES

Registration fees	30 €	
Master classes package during the chosen session	1 SESSION	1+2 SESSION
<input type="checkbox"/> Normal fee	599 €	899 €
<input type="checkbox"/> Early bird (before 1st of June)	499 €	799 €
<input type="checkbox"/> Partner school students¹ <small><i>1 Please enclose a certificate from your school (Cannes and other PACA Music schools and Conservatory)</i></small>	350 €	650 €
<input type="checkbox"/> Private lessons (tickets are for sale at the stage, inscription by e-mail ramintaneverdauskaite@music-vibes.fr)	100 € per lesson 800 € for 10 classes	
TOTAL (including registration and membership fees)	€	

Please fill the boarding request form page 2/6

SIGNATURE

(of the participant if 18 years old and older,

or of the legal guardian for underage participants)

Boarding request

Please fill, sign and return this form, with your full payment

Name and choice of session

FULL BOARD – ACCOMODATION & MEALS

(6 nights from Sunday till Saturday)

	1 session	1+2 session
Shared Standard room:	400 € / person	800 € / person
Single Standard room:	492 € / person	984€ / person
Single Ensuite room:	555 € / person	1110 € / person

HALF BOARD – MEALS ONLY (per session / add and check total price in the and)

*For external participants only. **Once you choose this option, you must pay for it, no refund possible.**

- | | |
|---|---|
| <input type="checkbox"/> Breakfest (from Monday to Saturday) 28 €/person/1 session | <input type="checkbox"/> 56€/person/1+2 sessions |
| <input type="checkbox"/> Lunch (from Monday to Friday) 70 €/person/1 session | <input type="checkbox"/> 140€/person/1+2 sessions |
| <input type="checkbox"/> Diner (from Sunday till Friday) 63 € /person/1 session | <input type="checkbox"/> 126€/person/1+2 sessions |

*tickets on sale at the school

ROOM PLACEMENT PREFERENCE

I wish to share the room with (full name of your friend) :

FULL BOARD OPTION ACCOMPANYING ADULTE:

more info by contact@french-in-cannes

TOTAL AMOUNT DUE

Registration fees + workshop fees + boarding option

(full board/half board/accompanying adult)

€

GENERAL CONDITIONS *please read carefully*

Classes • On the 1st day of the session, the timetable is given to participants.

Single classes • For external participants or on half board only: ticket classes are only for participants who did not choose the Full board option.

Full board option • This option is only available for participants choosing the “unlimited classes” package.

Students must bring their own bath towels, they are not provided by the school. *It is possible to rent a bath towel kit though for a one time fee of 7 € which does not include their washing during the stay.*

Deposits • Each participant must give a key-deposit at check-in: 50 € (*full-board accommodation option*) in cash. Participants will get their deposit back on the last day, after giving the room keys back and after the room check by the school's staff.

Meals • Non-taken meals will not be refund.

Insurance/health plan • Parents must subscribe the proper insurance policies and health plans required for their child and make sure that he/she is fully covered in case of accident or damages he/she may have or cause during the stay. They will provide a Social liability certificate to the school before the 1st day of stage.

Payment conditions • To complete your inscription, you must pay all the fees or a 50% prepayment when sending the registration. 100% of the fees must be paid 8 days before the planned arrival (see Payment methods below).

Cancelation or early departure during the workshop • No refund possible. In case of injury or illness, and only with a medical certificate, you will receive a credit note that you can use for another workshop session.

PAYMENT METHODS

1. By **French bank cheque** in euros € to
«Collège International de Cannes »
2. *Foreign cheques and holidays cheques are not accepted.
3. By **bank transfert** (specify name of the student) *all bank transfert fees will be at the participant's own expenses
4. **Online** by credit card on our website : (specify name of the student) www.campcannes.flywire.com

Références bancaires

Account holder : **Collège International de Cannes**
IBAN : **FR76 1460 7003 0269 5130 7271 126**

BIC code: **CCBPPFRPPMAR**
Bank name : **Banque Populaire Méditerranée**

Domiciliation : **BPMED CANNES BIVOUAC**

I certify having read and accept the General Conditions and Terms of Sales

SIGNATURE

Authorization form

I, Mr./Ms./Mrs.....

Address.....

.....

Country.....Tel :

Mobile Phone.....
(**obligatory!** We may need to reach you at any time during the stay of your child)

allow my daughter / son :

yes no - to participate at any outdoor activities organized by the Collège International.

yes no - to be transported by bus or minibus driven by the recreational staff of the Collège International within the organized sports, cultural or tourist activities that require a collective transfer to the place of the activity.

yes no - to leave the campus of the Collège International without company of adults, after the French courses and before the nightly curfew, for the beach, the city centre etc.

yes no - if necessary, I allow the organizer or/and the accompanying staff to take all needed measures in case of emergency or circumstances that would require a committal to hospital or a medical attention.

I also authorize :

yes no - the staff of the Collège International to take photos during the academic, cultural or sports activities at which my daughter / son participates and authorize there possible publication on the promotional website, in the brochure or in the monthly newsletter of the Collège International.

Date and signature

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PARENTAL DELEGATION IN CASE OF EMERGENCIES

I, Mr./Ms./Mrs.....

Address.....

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Country.....Tel :.....

Mobile Phone.....

(obligatory! We may need to reach you at any time during the stay of your child)

- give my consent – in case of any illness or accident – and after professional advice, to be given any necessary medical treatment

to my daughter, my son

date of birth ___ / ___ / ____ (day/month/year)

Medical antecedents to report : _____

Surgical antecedents to report : _____

Allergies : _____

Current medical traitement :

- Permanent :

- In case of necessity (indicate the type of necessity : allergy or other) :

Date and signature

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