

**APPLICATION FORM
ECOLE PHILIPPE GAULIER**

APPLICANT DETAILS PLEASE WRITE CLEARLY USING BLOCK LETTERS	
FULL NAME	
DATE OF BIRTH	
MALE OR FEMALE	
CORRESPONDENCE TELEPHONE NUMBER	
EMAIL ADDRESS	
CORRESPONDENCE ADDRESS ADDRESS WHERE YOU WANT TO RECEIVE THE ACCEPTATION LETTER FROM US	
Country	
Date	Signature

The courses you want to attend/ Please write name of the course you want to attend, date and year of that course as well.

TOTAL _____ courses I enclosed the deposit check total _____ euros

I enclosed the copy of bank draft which I have paid total _____ euros by bank transfer

PLEASE SEND US THIS APPLICATION FORM AND DEPOSIT TOGETHER BY POST TO ADDRESS AS FOLLOWING.

DEPOSIT 100 EUROS ARE REQUIRED FOR EACH COURSE.

ECOLE PHILIPPE GAULIER

Co. Director, Administrator / MICHIKO MIYAZAKI GAULIER

ADMINISTRATION OFFICE

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