

Family Registration

Please print clearly in black ink. Do not staple or tape anything to this form.

Language _____

Location _____

Dates _____

 Adult
 Session
 Code _____

 Youth
 Session
 Code _____

Mail or fax completed form with non-refundable deposit of \$195 per person for Family Weeks or \$100 per person for Family Weekends to:

Family Programs (September-May)

Concordia Language Villages
 8659 Thorsonveien NE
 Bemidji, MN 56601
 (800) 450-2214
 clvevent@cord.edu
 Fax: (218) 586-8601

Family Programs (June-August)

Concordia Language Villages
 901 8th St S
 Moorhead, MN 56562
 (800) 222-4750
 clvregister@cord.edu
 Fax: (218) 299-3807

*Full payment due 21 days before start of program.
 Please review all cancellation policies on Page 2.*

Adult 1 (Parent / Guardian) (Primary Contact) Former villager

Full Name _____
Last First Middle

Male Female Birth Date _____ / _____ / _____
Month Day Year

Relationship to Youth Participant _____

Mailing Address _____

Street _____

City _____ State _____

ZIP _____ Country _____

Home Phone _____ Cell Phone _____

E-Mail _____

Profession/Occupation _____

Employer _____ Work Phone _____

Employer's Location (City, State, Country) _____

Are you the custodial parent at time of child's session? Yes No

Language experience _____

Concordia Language Villages Alum Staff
 Concordia College, Moorhead, Minn. Student Alum Staff

How did you hear about us? _____

Adult 2 (Parent / Guardian) Former villager

Full Name _____
Last First Middle

Male Female Birth Date _____ / _____ / _____
Month Day Year

Relationship to Youth Participant _____

Mailing Address Same as Adult 1

Street _____

City _____ State _____

ZIP _____ Country _____

Home Phone _____ Cell Phone _____

E-Mail _____

Profession/Occupation _____

Employer _____ Work Phone _____

Employer's Location (City, State, Country) _____

Are you the custodial parent at time of child's session? Yes No

Language experience _____

Concordia Language Villages Alum Staff
 Concordia College, Moorhead, Minn. Student Alum Staff

How did you hear about us? _____

Youth Participant 1 Former villager

Full Name _____
Last First Middle

Male Female Birth Date _____ / _____ / _____
Month Day Year

Youth Participant 2 Former villager

Full Name _____
Last First Middle

Male Female Birth Date _____ / _____ / _____
Month Day Year

Youth Participant 3 Former villager

Full Name _____
Last First Middle

Male Female Birth Date _____ / _____ / _____
Month Day Year

Youth Participant 4 Former villager

Full Name _____
Last First Middle

Male Female Birth Date _____ / _____ / _____
Month Day Year

Payment Method
 Check included VISA MasterCard

Credit Card # _____

Expiration Date _____

Passport Fund Donation _____

Total Charge Amount _____

Cardholder Name (Please Print) _____

Billing Address _____

City _____ State _____

Zip _____ Country _____

Signature _____

Emergency Contact

Name _____

Relationship to Participant _____

Daytime Phone _____

Evening Phone _____

**Passport Fund**

You can give a child the opportunity to discover a wider world! Your contributions to the Passport Fund provide scholarship dollars that enable bright, motivated young people with limited financial means to attend Concordia Language Villages' immersion programs.

Make your gift when you register or online at www.ConcordiaLanguageVillages.org.

Family Week and Family Weekends

For programs between September and May, a full refund less the deposit will be made for cancellations received at least 21 days prior to the start of the program.

For summer programs, please refer to payment schedule and refund policy online. Refund amounts vary based on when cancellation is received.