

The American Cultural Institute

A Unique US Immersion Experience

467 Levering Avenue, Los Angeles, California 90024

TEL: 310-476-8478; FAX: 310-476-6259; Email: info@taci.us

Applicant _____

Parent(s) name(s) _____

Address _____

Phone Numbers _____

Emails _____

School and Class _____

Birthday _____ Passport _____

Include photocopy of 1st page, when available and visa, if required.

2010 dates June 26th – July 26th Total fee \$4995 payable \$1000 check by March 15th,
\$2000 by May 1 and \$1995 by June 1. We do not use credit cards. Please make checks payable to The
American Cultural Institute. Price includes 3 meals daily, housing, area travel, admissions, social
events, concerts, July 4th program.

There are no refunds. We suggest parents buy cancellation insurance or self insure.

Name of Health and accident insurance company, policy no, phone number and be sure policy covers
treatments at the UCLA Medical Center. Also include health and allergy statement by your doctor

Parent or guardian signature – print, sign and date