

# “EXPLORE BELIZE”

## Housing Application Form

\* be advised that housing can change without immediate notice, but please be assured that Galen staff have your best interest and safety in mind and you will be notified as soon as possible.

Reservation for housing for Session:

September – December \_\_\_\_\_ Year \_\_\_\_\_  
January – April \_\_\_\_\_  
May – June \_\_\_\_\_  
July – August \_\_\_\_\_

Shared Room _____	Single Room _____ (More Expensive)
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Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Career Interest: \_\_\_\_\_

Spanish Speaking Ability:

None \_\_\_\_\_ Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

Interests/Hobbies: \_\_\_\_\_

Previous Trips Abroad: \_\_\_\_\_

Character: Outgoing \_\_\_\_\_ Shy \_\_\_\_\_ Independent \_\_\_\_\_ Quiet \_\_\_\_\_ Sociable \_\_\_\_\_ Optimistic \_\_\_\_\_ Cheerful \_\_\_\_\_  
Serious \_\_\_\_\_ Talkative \_\_\_\_\_ Artistic \_\_\_\_\_ Athletic \_\_\_\_\_

Do you Smoke: Yes \_\_\_\_\_ No \_\_\_\_\_

Would you room with someone who smokes? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any special dietary restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

Do you have any allergies or need special medications:

Comments: \_\_\_\_\_

Expected Departure Date: \_\_\_\_\_