

*Shanghai International Youth Interactive Friendship Camp 2017*

## Application Form 2-1

(Please print/type in BLOCK letters)

### PERSONAL INFORMATION

FIRST NAME			
LAST NAME			
DATE OF BIRTH	Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>
GENDER	M <input type="checkbox"/>	F <input type="checkbox"/>	
LANGUAGE LEVEL	ENGLISH <input type="checkbox"/> Basic <input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Native		
	CHINESE <input type="checkbox"/> Basic <input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Native		
Height:	CM <input type="text"/>	Weight:	KG <input type="text"/>
Passport Number	<input type="text"/>	Date of Expiry	<input type="text"/>
SCHOOL NAME			
HOME ADDRESS	street: City: State Country: <span style="float: right;">Postal Code:</span>		
HOME PHONE			
OTHER PHONE			
Fax			
EMAIL			
HOBBIES/SPECIAL INTERESTS			
SPECIAL NEEDS	Dietary:		
	Medical:		

Please fill & email this form to contact person at [acfsatours@gmail.com](mailto:acfsatours@gmail.com) along with a reference from your current teacher.

# Application Form 2-2

(Please print/type in BLOCK letters)

## PARENT OR LEGAL GUARDIAN INFORMATION

FIRST CONTACT	MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/>
FIRST NAME	
LAST NAME	
GENDER	M <input type="checkbox"/> F <input type="checkbox"/>
POSITION	
ADDRESS (Optional)	street: City: State/Prov. Country: Postal Code:
DAYTIME PHONE	
CELL PHONE	
OTHER PHONE	
FAX	
EMAIL	
SPECIAL REQUIREMENT	

Date

Signature of parent or guardian

---

Please fill & email this form to contact person at [acfssatours@gmail.com](mailto:acfssatours@gmail.com)