**Registration Form of the 2015 Shanghai International Sister Cities Youth Camp**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name |  | Last Name | |  | | Middle Name |  |
| Gender | Male □ Female □ | | | Date of Birth |  | | |
| Passport Number |  | To which Chinese embassy or consulate general will you send your visa application? | | | |  | |
| Please choose with a “√” | | Team Leader □ Student □ | | | | | |
| Name of School / Organization | |  | | | | Position |  |
| Special Dietary Requirements  (if there is any) | |  | | | | | |
| Previous Experience in China (e.g. study tour, exchange program) | | |  | | | | |
| Native Language | |  | | | | | |
| Do you speak any other languages? If you do, please fill in the following blanks. | | | | | | | |
|  | Languages other than your native language you can speak | | | How long have you learned it? | | | |
| 1 |  | | |  | | | |
| 2 |  | | |  | | | |
| 3 |  | | |  | | | |