

Registration Form of the 2017 Shanghai International Sister Cities Youth Camp

First Name		Last Name		Middle Name	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth		
Passport Number		To which Chinese embassy or consulate general will you send your visa application?			
Please choose with a “√”		Team Leader <input type="checkbox"/>		Student <input type="checkbox"/>	
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					