



*Families with Children from China Heritage Tours  
and Language Immersion and Culture Camp  
Sponsored by the China Overseas Exchange Association*

## Application Form

- Please enclose photocopies of the ID pages of each traveler's valid US passport
- Passports must be valid for six (6) months beyond date of travel.
- Names on application must be exactly as they appear on the passport.
- Children must be at least eight years old at the time of travel.
- Please enclose a photocopy of the ID page of your child's Chinese passport

### Mother's Information

Name \_\_\_\_\_ DOB \_\_\_\_\_

Passport # \_\_\_\_\_ Expiration date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e-mail address (*required*) \_\_\_\_\_

Occupation(s) \_\_\_\_\_ Telephone number \_\_\_\_\_

### Father's Information

Name \_\_\_\_\_ DOB \_\_\_\_\_

Passport # \_\_\_\_\_ Expiration date \_\_\_\_\_

e-mail address (*required*) \_\_\_\_\_

Occupation(s) \_\_\_\_\_ Telephone number \_\_\_\_\_

### Emergency Contact (Stateside)

Name \_\_\_\_\_ Telephone number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e-mail address (*required*) \_\_\_\_\_

**First Child's Information** (attending language camp Y or N)

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Province of origin \_\_\_\_\_ Gender \_\_\_\_\_

Passport # \_\_\_\_\_ Expiration date \_\_\_\_\_

\_\_\_\_\_ signature constitutes child's agreement with MIC Safety Policies

**Second Child's Information** (attending language camp Y or N)

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Province of origin \_\_\_\_\_ Gender \_\_\_\_\_

Passport # \_\_\_\_\_ Expiration date \_\_\_\_\_

\_\_\_\_\_ signature constitutes child's agreement with MIC Safety Policies

\_\_\_\_\_ signature constitutes parent's agreement with MIC Safety Policies

**Tour preference** (if applicable)

Specify 1<sup>st</sup> and 2<sup>nd</sup> choice:

\_\_\_\_\_ Group A: Beijing – Chengdu – Guilin – Shanghai

\_\_\_\_\_ Group B: Beijing – Xi'an – Hangzhou/Suzhou – Shanghai

**Medical Insurance Declaration**

I / We hereby declare that I/we have medical and life insurance coverage for all the above listed family members during the Summer 2010 Tour in China. I/We understand that it is my/our responsibility for my/our children's safety and daily supervision.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Nonrefundable application fees

<u>Child</u>	<u>number</u>	<u>fee per child</u>	<u>total</u>
Language camp only	_____	\$75.00	_____
Tour only	_____	\$50.00	_____
Language camp and Tour	_____	\$100.00	_____
<u>Parent</u>	<u>number</u>	<u>fee per adult</u>	<u>total</u>
Language camp only	_____	\$75.00	_____
Tour only	_____	\$75.00	_____
Language camp and Tour	_____	\$125.00	_____
Total amount enclosed (\$)			_____

Send completed application with deposit and/or scheduled payments to:

**China Heritage Tours  
7233 Snowberry Lane  
Canal Winchester, OH 43110**

Make checks payable to:

**China Heritage Tours**

## Refund Policy

For cancellations received on or before May 15, 2010, a full refund less the application fee will be made.

A cancellation received between May 16, 2010 and June 1, 2010 will result in a refund of seventy-five percent (75%) of the total.

A cancellation received after June 1st will result in a refund of fifty percent (50%) of the total.

Refunds will be made no later than August 30, 2010

Please let us know how you heard about the program:

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# Media Release Form

I/ We, \_\_\_\_\_, hereby give  
*(Name of parent(s))*

**consent to my child myself/ourselves being, filmed, interviewed, or have audio or video recordings made of my child/me by the media (print, broadcast and on-line) and employees, agents or servants of the Foundation for Chinese Cultural and Educational Exchanges in USA. I understand that the text or image(s) may appear in electronic form on the internet or in other publications outside of the Foundation's control. I agree that I will not hold the FCCEX responsible for any harm that may arise from such unauthorized reproduction.**

*Name of Child(ren):* \_\_\_\_\_

*Name of Parent(s):* \_\_\_\_\_

*Home Telephone Number:* \_\_\_\_\_

\_\_\_\_\_  
*(Signature of parent)*

\_\_\_\_\_  
*(Signature of parent)*

\_\_\_\_\_  
*(Date)*