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

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| --- | --- | --- | --- | --- | --- |
| 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 |  |  |