

**Tour Application – USCPFA National Tours  
Educators to China, Oct 2010**

*Each tour participant must complete & sign a separate form. Please type or print clearly. Use back of page or separate note for additional comments.*

Name \_\_\_\_\_ Male/Female \_\_\_\_ Email \_\_\_\_\_

*Use name exactly as it appears on your passport.*

Tel (h) \_\_\_\_\_ (cell or work) \_\_\_\_\_ FAX \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Passport # \_\_\_\_\_ Date/Place of Issue \_\_\_\_\_ Valid until \_\_\_\_\_

*Passport must be valid until at least 6 months after departure, and must have at least 1 blank page for visa.*

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizen of \_\_\_\_\_

Occupation \_\_\_\_\_ If retired, former \_\_\_\_\_

Health Status/Concerns \_\_\_\_\_ Special Meal Needs \_\_\_\_\_

Roommate Name \_\_\_\_\_ Provide roommate, if available \_\_\_\_

Request Single Room (at additional cost) \_\_\_\_ Yes \_\_\_\_ No Smoker? \_\_\_\_ Yes \_\_\_\_ No

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*On a separate sheet, briefly describe your professional background and community activities, your interest in China, any special interests/requests for this tour, & your involvement (if any) with US-China Peoples Friendship Assn. and/or other China-related organizations or activities.*

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**EMERGENCY CONTACT:**

Who should we contact in case of an emergency during the tour? Cell phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel (h) \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_ Tel (w) \_\_\_\_\_

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**HEALTH WAIVER:**

I, \_\_\_\_\_, the undersigned, hereby expressly waive and discharge any and all claims of action, or demands against US-China Peoples Friendship Assn., the airlines and tour companies used and/or the People's Republic of China due to or caused by the state of my health and/or any health condition which I may have or which occurs during the course of my participation in this tour.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*  
**CONSENT:**

I, \_\_\_\_\_, certify that I have read and understand the General Information and Conditions provided for this tour and give my full and voluntary consent to all the provisions and conditions contained therein.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

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**To reserve a space on a tour, send completed application form and a \$300 deposit (check payable to USCPFA Tours) to Barbara Cobb (496 Ellenwood Drive, Nashville, TN 37211). Final payment is due not less than 60 days before tour departure. Questions? Contact Barbara Cobb at Tel/Fax 615 833-9512 or Email Barbara.Cobb@Juno.com.**