



Astar Education Institute & Forte International
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Email: info@forteintl.com
Website: www.astarinstitute.org & www.orgsites.com/dc/forte

ADULT APPLICATION

For Adults in the China
Summer Exchange Program

Applicant General Information

Full Name:		Nickname:	
Date of Birth:	Age:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Home Address:		Home Phone:	
		Cell Phone:	
Occupation:		Work Phone:	
Email Address:			

Additional Family Information

Are any family members also applying to go to China: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who:

Connection to Program

In coming on this exchange what is your relation to the student participants?
(Explain where necessary and mark all that apply)

<input type="checkbox"/> Teacher	<input type="checkbox"/> Principal	<input type="checkbox"/> Sports	<input type="checkbox"/> Music	<input type="checkbox"/> Dance	<input type="checkbox"/> Parent	<input type="checkbox"/> Other
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Explanation:

Are the Group Leader for your area: <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, who is:
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Activities you would like to Participate in and/or that you can help Lead during the camp?
Check as many as you like and explain what you can do for each category

<input type="checkbox"/> Music	<input type="checkbox"/> Sports	<input type="checkbox"/> Dance	<input type="checkbox"/> Art	<input type="checkbox"/> Language
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Explanation:

Group Leader Questions

Answers will depend on your group's purpose
If you are not the Group Leader you can skip to the next section

What is the name of your group?

How many students do you have signed up?

How many chaperones do you have signed up?

Is your group willing to perform during the camp? Yes No

Medical Information

Please feel free to use a separate sheet of paper if necessary

Do you have any allergies? Yes No

Are there any foods you cannot eat? Yes No

Do you take medications regularly? Yes No

Do you have any medical conditions? Yes No

If yes to any to the above please explain: (you may attach another sheet of paper if necessary)

Emergency Contact

(Of someone not participating in the camp)

Full Name:

Relationship:

Home
Address:

Home Phone:

Cell Phone:

Email Address:

Additional Information

Do you have a valid passport: Yes No

If yes, is it valid for 6 months past July 2010? Yes No

Signature Required

In applying to this program, I have read the terms and conditions and understand the program rules and I agree to be fully bound by them. I agree to reimburse camp organizers or Forte, if necessary to obtain medical or other treatment in the event of an emergency, accident, or illness, without incurring any liability or expense. This may include but not limited to my placement in a hospital, use of doctor services, and transportation to my home country at my own expense.

Participant's Signature:

Date:

Please return the completed and signed application with a \$300 application fee* to
Forte International Exchange Association
529 14th Street NW, Suite 270, Washington, DC 20045
Tel: 202-628-8226 Fax: 202-296-8685
www.orgsites.com/dc/forte

*application fee should be paid by check and made payable to Forte International