

2010年“上海世博旅游团”报名表 (7/20- 7/24/2010)

姓名(中文)	姓名(英文)	性别	出生年月	护照号码(国家)	国籍
家长姓名	联系电话	E - Mail address			家庭医生 Primary Care info
					Dr.
					Tele#
家庭电话	家庭地址			医疗保险公司:	
				ID#	
				Tele#	
Emergency Contact person information - while in China					
Name	Relation ship	Phone Number			E-mail Address
Please indicate if you are allergic to any food, drug, insect bites, etc,					
Camp Arrival Time & Flight					
Parent Name (Print):		Signature:		Date:	

- Note:** 1. Send one copy to school; And, student bring one to China - give to the group leader
 2. Parent(s) must sign, to authorize the camp organizer to seek the best treatment possible, in the event of emergency.