



# Application Form

Chinooks Winds Show Chorus

All information is confidential. Please answer all questions and send it back to SNA Edu. Group		
Personal Information		
1. Last Name (As shown on passport)	2. First Name (As shown on passport)	3. Middle Name (As shown on passport)
4. Gender M F	5. Nationality	6. Date of Birth (mm-dd-yyyy)
7. Passport Number & Expiry Date(mm-dd-yyyy)	8. City of Departure (Origin City)	9. Date Of Departure: 1st choice: 2nd choice:
10. Select Your Tour:		
Discover China -Beijing 9 Days (Chinooks Winds Show Chorus) \$1, 599	Best Of China - Beijing, Xian, Shanghai 13 Days \$2, 099	
Historic China - Beijing, Xian 10 Days \$1, 799	Golden China - Beijing, Xian, Guilin, Shanghai 16 Days \$2, 599	
	Others	
	Stay Behind Package	
11. Position & Company Name		
12. Mailing Address (*Include apartment number, street, city, state or province, postal code, and country)		
13. Phone Number, and Email address		
14. Payment (* A \$300 deposit is required upon registration. Check Credit Card *if you pay by credit card , please fill the credit card authorization.		
Emergency Information		
1. Contact Person's Full Name	2. Relationship to Participant	3. Phone Number
4. Special request.(e.g. Seat request, Special Meal etc.)		
		Single supplement surcharge \$50 / night
5.Room Sharing		Single Room
Travel Companion		2-bed Room

**Release of Liability**

I certify that the information given is correct and that the applicant is physically, mentally and emotionally fit to join this cultural exchange program. I agree to SNA Edu. Group policy that in case of accident, sickness or undisclosed condition of myself or my child during the start, duration and end of the trip. Applicants or Parents, guardians are responsible for the expenses incurred. I give permission for photographs and my comments of the trip to be used in future company promotional material. SNA Edu. Group or its employees or agents, or the facilities / transport vehicle where the activities are taking place. By allowing your son /daughter to participate in these activities / cultural exchange program, you are accepting the risk of an accident occurring, and agree that the activities, as described in the culture exchange program itinerary, are suitable for your child. On behalf of myself and of my child, I release SNA Edu. Group and their respective officers. Employees, volunteers and agents for claims for injuries or property loss arising from my child's attendance and participation in the activities of this cultural exchange program or tours; and further I agree to indemnify the said board of management and hold them harmless from any such claim. I have read the "Details & Cost" of this trip and agreed with the policies listed. I will be agreeing that the original departure airports as itinerary listed. There will be add-on charges if I am departing from other city of airport. SNA Edu. Group only guarantee international portion of departure as itinerary listed. For the add-on departure city, SNA Edu. Group do not guarantee the availability of the seats; it will depend on the airlines availability. Otherwise it will be on my own arrangement.

Name of Applicant:

Internal OP record locator :

Signature of Applicant:

Date :



# SNA Educational Group

Address: #240-8877 Odlin Crescent, Richmond BC V6X 3Z7 Canada

Tel: 778-297-5593 Fax: 778-297-5578 Toll Free: 1-888-412-5593

ATTN: SNA Educational Group

## CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_, credit card holder of (VISA/Master Card) credit card number \_\_\_\_\_ with expiration \_\_\_\_\_ and security number (at the back of your credit card) \_\_\_\_\_ authorize **SNA Educational Group** to charge on my credit card with the total amount of USD/CAD \$ \_\_\_\_\_ for the payment of the SNA tours

**\*I have verified that my information including the names and the booking is correct and confidential.**

Card Holder Name:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_