



Chinese American Cultural Bridge Center, 2809 Embers Lane, Arlington Heights, IL 60005

Tel: 847.364.0162 Fax: 847.364-0163 Web site: www.cacbc.org Email: info@cacbc.org

Registration for Concert Tour and Cultural Exchange Program

Please print information carefully and legibly. Attach a copy of your passport to this registration form. **Your name on this registration must be the same as on your passport.** If you ask us to change your name after this registration form is submitted it could result in fees up to \$400.

Please circle which group you belong to: **Performer** **Chaperone** **Family or friends**

Full name: First _____ Middle _____ Last _____

Birth Date _____ Sex ____ Citizenship _____ Occupation _____

Do you have a passport? Yes ____ No ____ (There should be at least 4 empty pages in your passport.)

Passport Number _____ Expiration Date _____

Home Address _____ City _____ State _____ Zip _____

Day Phone (area code) _____ Evening Phone (area code) _____

Email _____ Cell Phone _____ Fax _____

Do you need a single room? (All tour prices are based on shared double bed room. If you need a single room, please indicate here. _____)

Are you a vegetarian? _____ Any other food restrictions _____

Emergency Contact Name _____ Relation _____

Day Phone _____ Evening Phone _____ Cell _____

Name of School /Organization : Pioneer High School Band

I give permission to CACBC to use pictures of me in educational promo videos, slide shows or other educational publications.

Signature of Traveler _____ Date _____