

## **ADULT PARTICIPANT APPLICATION**

Welcome to TIE! Once you've completed this form either scan, and email to <a href="mailto:andrew@tiewashingon.com">andrew@tiewashingon.com</a>, and submit your \$200 deposit via our website <a href="www.tiewashington.com">www.tiewashington.com</a>, or send via mail along with a \$200 check for your deposit to 1400 Spring Road NW Apt. 10 Washington DC, 20010

Upon receipt of your application you will be contacted within 24 hours to let you know whether your registration is complete, and accepted.

Print your name exactly as it appears on your passport. (Failure to provide your name as it is written on your passport may result in travel delays.)

| (Last Name)                       | (First Name)            |             | (Middle Name)    |
|-----------------------------------|-------------------------|-------------|------------------|
| Passport Number (if you do no     | t yet have your passpor | t, leave th | nis field blank) |
| Birtdate / / (mm) / (dd) / (yyyy) | Gender (circle one)     | Female      | Male             |
| Address                           |                         |             |                  |
| Address line 2                    |                         |             |                  |
| School/Program                    | Email                   |             |                  |
| Phone Number                      | <br>Student with        | whom yo     | u are travelling |



| Please list any other family members that are travelling on a <i>TIE</i> program. |                           |                         |                       |                                      |   |  |  |
|---|---------------------------|-------------------------|-----------------------|--------------------------------------|---|--|--|
| Profic  | ciency in Chine           | se                      |                       |                                      | _ |  |  |
| N/A   | Beginner                  | Intermediate            | Advanced              | Native Speaker                       |   |  |  |
| Do yo<br>Yes/N  | <u> </u>                  | gies, dietary concerns  | or medical conditions | s that we should be aware of:        |   |  |  |
| If you  | answered "yes"            | please list in the spac | e provided below:     |                                      |   |  |  |
|   | uning this you are        | e confirming that you h | nave read, understand | d, and agree to all TIE <u>terms</u> | _ |  |  |
| Signa   | Signature Da <sup>a</sup> |                         |                       | te                                   |   |  |  |