



EDUCATOR/LEADER APPLICATION

Welcome to TIE! Once you've completed this form either scan, and email to andrew@tiewashington.com, then submit your \$200 deposit via our website www.tiewashington.com, 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 not yet have your passport, leave this field blank)

Birthdate ____ / ____ / ____ Gender (circle one) Female Male
(mm) (dd) (yyyy)

Address

Address line 2

School/Program

Email

Phone Number



How many students are you anticipating will participate in this program:

(Circle one)

0-10 11-15 15-20 more than 20

I have travelled with students before: Y N

If you answered yes, where to?

Proficiency in Chinese

(circle one)

N/A Beginner Intermediate Advanced Native Speaker

Do you have any allergies, dietary concerns or medical conditions that we should be aware of:

Yes No

If you answered “yes” please list in the space provided below:

By signing this you are confirming that you have read, understand, and agree to all TIE [terms and conditions](#).

Signature

Date
