



2019 MCU-MI Mandarin Summer Camp Registration Form

Name		
Nationality		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Age		
Residential Address		
Email		
Phone #	(H)	(M)
Have you joined this camp before?	<input type="checkbox"/> Yes <input type="checkbox"/> No, this is my first time	
Check your level and interest	<input type="checkbox"/> Beginner	
	<input type="checkbox"/> Elementary	
	<input type="checkbox"/> Intermediate or Advanced	

Please note: If the camper is under age 18, his/her parent or guardian needs to sign the consent form below.

Parent / Guardian's Name:
My child, _____, has my permission to participate in the 2019 MCU-MI Mandarin Summer Camp at SVSU.
Signature:
Date:

*Please send the completed form to jubi@mail.mcu.edu.tw
Or mail it to **7400 Bay Road, Ming Chuan GN 103, University Center, MI 48710**