



Founded 1926

CHINA
INSTITUTE
of AMERICA

Explore Chinese Culture Program Application Form

Contact Name: _____ Phone Number: _____

Email Address: _____ School Name: _____

School Address: _____ Desired Date(s): _____

Select your school's desired (please choose at least two):

- Forbidden City Shadow Puppet Theatre Gallery Tour + Workshop
- Dumplings Workshop Music & Instruments

How many students will be attending the program?

What grade(s) or age group will be attending the program:

Do you currently have a budget? If so, what is your ideal budget cost:

Do students currently speak or study Mandarin?

Do you require a catered lunch for students and teachers? Note, an additional charge will be applied: