



Individual enrolment form

To return filled and signed to: paysmiao@outlook.com
Please, one form for each subscriber

Family name: _____ Given name: _____
Date of birth: _____ Nationality: _____
Address: _____
City: _____ Zip code: _____
Province/state: _____ Country: _____
E-mail: _____

Dates of stay (dd/mm/yyyy): from ___ / ___ / ___ to ___ / ___ / ___

Would you like us to pick you up? YES NO

Where shall we pick you up upon arrival?

	Airport			Other (hotel, station, etc.)
	Flight N°	Time	From	Name and address
Guilin				
Liuzhou				
Yangshuo				
Other				

Where shall we take you back for departure?

	Airport			Other (hotel, station, etc.)
	Flight N°	Time	From	Name and address
Guilin				
Liuzhou				
Yangshuo				
Other				

If you are sponsoring a child from *Couleurs de Chine*, please specify her/his reference: _____

Contact name and phone number in case of emergency: _____

I, the undersigned, _____ hereby certify that I acknowledge the risks of such a trip.
I promise not to prosecute Pays Miao in case of loss, theft or accident.

I declare to have in my possession a medical repatriation insurance:

Name of the insurance company: _____

Telephone number of insurance company: _____

Insurance policy number: _____

In _____ date (dd/mm/aaaa) ___ / ___ / _____ Signature: _____