

Registration Form
2025 Summer Cultural Immersion Program (SCIP)

Name: _____

Date of Birth: ____/____/____
(MM/DD/YYYY)

Gender: ☐ Male ☐ Female

**Your PP
Photo**

Father's Name: _____

Mother's Name: _____

Place: _____

Green book No.: _____

School: _____ Grade: _____

Tel #: _____ E-mail address: _____

Mailing Address:

Declaration: I understand that the DoRC will make my stay at CHTS, Sarah utmost educational and useful program. However, should any unforeseen tragedy strike, I will take full responsibility.

Signature of the Participant

Signature of the Parent/Legal Guardian

Date _____

Date _____

NOTE: Please submit this form with required documents to chorig.culture@tibet.net