

PLEASE ANSWER ALL OF THE QUESTIONS BELOW

Today's Date (Month / Day / Year):

Name - (First, Middle name if any, and Last name - family name):

Date of Birth (Month / Day / Year):

E-mail Address (complete address):

Desired Length of Stay (number of months or years):

Desired Date to start training at the Academy (Month / Day / Year):

Address - Number and Street:

City, State or Province, Zip Code:

Country:

Phone Number including Area Code:

Fax Number including Area Code (if None, type None):

Gender (Male or Female):

Place of Birth (City or Province and Country):

Nationality:

Country(s) of Citizenship:

Occupation (if Student, type Student):

Employer (If Student type School Name and City):

Employer's (or School's) Phone Number (including area code):

Education Level Attained:

Degree(s) You have Attained (If None, type None):

Parent, Next of Kin or Legal Guardian (First, Middle, Last Name):

(Their Relationship to you):

Their Street Address (if Different than your address shown above):

City, State or Province, Zip Code, Country:

Family members who attended the Academy: (If None, type None):

If Yes, type name and relationship to you:

Passport Number (If none type None):

Health - Excellent, Good, Poor (if any health issues, list them):

Marital Status (Married or Single):

Previous martial arts experience (list styles, if None type None):

What styles of Kung fu are you interested in studying (if you're not sure, we can provide you some recommendations; Shaolin Kung fu, Sanda, Baji, Wing Chun, Taiji and QiGong):

**Once we receive your information. We will start your paperwork to secure your visa on Monday.**

**Please attach a copy of your passport and make sure all information provided is correct.**

**Send the application and copy of your passport to [sipingshaolin365@gmail.com](mailto:sipingshaolin365@gmail.com)**