



## SECTION 2: ADDRESS & CONTACT INFORMATION

Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip / Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work / Cell Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
2<sup>nd</sup> E-Mail Address: \_\_\_\_\_

## SECTION 3: ORPHANAGE VISIT INFORMATION

If you are planning to visit the orphanage(s) your child or children were adopted from, please complete the information below to the best of your ability. **If you are only registering for an Orphanage Visit permit, please complete this portion and go to Section 5 for payment options.**

**Are you ONLY registering for an Orphanage Visit Permit?**       Yes       No

Please list your child's Chinese name *in the Chinese characters* (this will be listed on your adoption paperwork, adoption certificate, or old travel approvals) and other information as requested below.

### CHILD 1

Full Name: \_\_\_\_\_ Year of Completed Adoption: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Orphanage: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Which placement agency was used to complete this adoption? \_\_\_\_\_

### CHILD 2

Full Name: \_\_\_\_\_ Year of Completed Adoption: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Orphanage: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Which placement agency was used to complete this adoption? \_\_\_\_\_

### CHILD 3

Full Name: \_\_\_\_\_ Year of Completed Adoption: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Orphanage: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Which placement agency was used to complete this adoption? \_\_\_\_\_

## SECTION 4: TRAVEL DATES

Please select a Tour Option:

- Deluxe Legacy Journey Adventure
- East Meets West Heritage Tour
- Discovery Heritage Tour
- Yangtze River Discovery Heritage Tour
- CCCWA Summer Tour
- CCCWA Fall (Thanksgiving) Tour

Would you like to add a four-day destination to your tour?

Yes

No

*If so, check all boxes that apply below.*

- Chengdu
- Guangzhou
- Guilin
- Shanghai
- Xian
- Yangtze River Cruise

Please indicate what date you would like to travel to begin your tour:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month                  Date                  Year

Are your travel dates flexible?

Yes

No

Are you traveling with any other families?

Yes

No

*(A 5% discount will be applied for groups of three families or more traveling together, excluding CCCWA-sponsored group tours.)*

*If so, please list them here by:*

(Last Name, First Names)

(Last Name, First Names)

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Please list any special requests, considerations, or restrictions we need to be aware of while arranging your tour.

How did you hear about us?

## SECTION 5: PAYMENT PREFERENCES

**\$300 Registration Fee Payment (only \$200 for Summer CCCWA tour)** (Note: The registration fee is in addition to the cost of the trip).

Type:  Check       Credit Card (please enter information below)

Notes:

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### Invoice Authorization for Legacy Journey Tour Deposit

Payment Type: Please check the box next to the appropriate payment remittance type. If paying by credit card, please read the refund policy statement. ***If you are only applying for the Orphanage Visit permit, please fill out the amount for \$710 per orphanage that you would like to visit. This includes your guide/translator, civil affairs fee, and transportation to and from the orphanage for the day.***

Check

Amount: \$ \_\_\_\_\_

Check Number: \_\_\_\_\_

Credit Card

By signing below, I agree that this fee paid to Great Wall China Adoption d.b.a. Legacy Journey is non-refundable and serves as a registration fee for a Legacy Journey arranged tour of China.

Visa  Master Card (we do not accept American Express or Discover)

Amount charged: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Name as it appears on Credit Card: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

3-digit Security Number (CVV): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY:

Date of Transaction: \_\_\_\_\_

AR Signature: \_\_\_\_\_

Notes: