

Shanghai Sonatas Foundation (SSF)
2025 Sean Gao & Friends China Trip Reservation Form
Deposit deadline: June 5, 2025

Please print carefully! Inaccurate information will result in possible travel delays and/or airline change fees.

Tour name **UD Alumni and Friends China trip** Cost per person **\$7,999*** Single hotel room supplement **\$1500**

* Final trip cost is subject to change based on the USD-RMB exchange rate on February 28, 2025

Date of tour (tentative) **October 13, 2025** Departure airport **JFK/ EWR / IAD (TBA)**

Non Refundable Deposit (per person) **\$1000** X (# of travelers) _____ = Total enclosed = \$ _____

Check only and please make check payable to the University of Delaware

FIRST PASSENGER

Full Name (as it appears on passport)

Tour badge nickname

Passport number _____

Passport issue date _____

Passport expiration date _____

Date of birth: _____ (M/D/Y)

Male Female

Street address

City _____

State _____ Zip _____

Phone# _____

Email(required) _____

Single room supplement \$1500 **Y / N** (circle one)

Name of Roommate (optional)

Name of emergency contact not traveling

phone# _____ relationship _____

Dietary restriction (required) _____

International Health Coverage (copy of insurance document required) _____

Blood type (required) _____

Traveling abroad approved by physician ____Y

Medical allergy (required) _____

Generic name of current medication and known medical condition (required)

SECOND PASSENGER

Full Name (as it appears on passport)

Tour badge nickname

Passport number _____

Passport issue date _____

Passport expiration date _____

Date of birth: _____ (M/D/Y)

Male Female

Street address

City _____

State _____ Zip _____

Phone# _____

Email(required) _____

Single room supplement \$1500 **Y / N** (circle one)

Name of Roommate (optional)

Name of emergency contact not traveling

phone# _____ relationship _____

Dietary restriction (required) _____

International Health Coverage (copy of insurance document required) _____

Blood type (required) _____

Traveling abroad approved by physician ____Y

Medical allergy (required) _____

Generic name of current medication and known medical condition (required)

Print and complete this reservation form, sign and return it with the following items by June 5, 2025:

- Your deposit of \$1,000 as a check payable to **BlueResources USA LLC**
- The registration # of your **China Visa Application Online Form (DO NOT SUBMIT)**
- Copy of the first 2 pages of your passport(s) (passport must be valid through **April 30 of 2026**, 6 months after the trip completion)*
- Digital copy (emailed to xiangg@udel.edu) and two hard copies of current 2x2 passport style color photos for each traveler (not copies of your passport)
- Copy of insurance card and document proofs international health coverage for each traveler valid through October 30, 2025 (ask your insurance company to provide the information)
- **We need your original passport by June 8, 2025 (Your original passport will be returned with a Chinese visa by June 28, 2025)**

Return address:

Prof. Sean Gao, volunteer director
Sean Gao and friends China Trip
26 Oklahoma State Dr.
Newark, DE 19713
302.382.1940

Other questions, please contact China trip director Sean at xiangg@udel.edu