

Due April 5th

Selection is based on the first 15 qualified applicants.
Notification will be by mail.

Application:

Trip OPEN to all students having completed 7th, 8th, or 9th grade.

Name _____

Sex: ___ M ___ F Date of Birth _____ Age _____

Home Address: _____

City: _____ State _____ Zip: _____

E-mail address: _____

School Name: _____ Grade: _____

Please
attach a
photo of
yourself .

Thank you!

Parents names and addresses during the exchange time:

Father's Name : _____ Profession: _____

Address: _____ Work Address: _____

Phone: _____ Work Phone: _____

E-Mail address: _____ Cell Phone: _____

Mother's Name: _____ Profession: _____

Address: _____ Work Address: _____

Phone: _____ Work Phone: _____

E-mail address: _____ Cell Phone: _____

Brothers:

Sisters:

_____ Age _____
_____ Age _____
_____ Age _____

_____ Age _____
_____ Age _____
_____ Age _____

Medical Information

Condition of Health: _____

Any condition requiring medication: _____

Allergies requiring special medical treatment: _____

Doctor : _____ Phone # _____

School

School Name: _____ School Phone Number: _____

Principal: _____

School References:

Name: _____ Position _____ How to Contact: _____

Name: _____ Position _____ How to Contact _____

Applicant's Signature _____ Date: _____

Travel Experience

Have you previously participated in any foreign travel? _____
When, Where, and Length of Stay:

Have you ever traveled alone without another family member? _____
When, Where and Length Stay: _____

Describe activities your family most enjoys sharing together: _____

Foods you dislike: _____
Would you be willing to try new foods? _____

I understand that upon notification of selection that I am responsible for acquiring a passport . It may take up to 8 weeks after you have applied so application for passports MUST be done by April 15th.

Use this space to write your own personal reasons for wanting to be selected as a Sister Cities Junior High ambassador to Japan.

For Parent(s) of the Applicant

My Signature indicates:

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1. that I have read this application, the agreement and the release form on the reverse side and agree to all the terms therein;
 2. that my child must attend 80% of the preparatory classes as developed and made available by the Sister Cities Committee;
 3. that I authorize and release my child's teachers and counselors to discuss my child's performance and behavior with the committee and acknowledge that the same will be confidential between the teacher/counselor and the committee;
 4. that, if the Exchange Program has less than 10 participants, it may be canceled by the Sister Cities Committee, in which case all money will be refunded;
 5. that I agree to send my child on the Exchange Program, to reside with a family/families chosen by the Sister Cities Committee, in Asahikawa, Japan.
 6. that, any medical expenses that occur while traveling will be the responsibility of the parents.
 7. that, once selected all travel arrangements and communication with the travel airlines, buses, etc. will be done by Sister Cities Members only.

Parent's or Guardian's Signature _____ Date _____

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- Please enclose a \$600.00 deposit with application.
(Check payable to: Sister Cities Committee)

- Mail to : Connie Schroeder
1903 Privet Lane
Bloomington, Illinois
61704

Payment Schedule: \$ 600.00 with the application April 5th
\$ 600.00 May 5th
Balance of Trip Due by June 5th
