



2012 Jr. High To Asahikawa, Japan – Application  
 This trip open to all students having completed 6<sup>th</sup>, 7<sup>th</sup>, or 8<sup>th</sup> grade.

Application due March 1, 2012  
 Selection is based on the first 15 qualified applicants.  
 Notification will be sent by mail.

Attach a photograph of the student with the application

Name \_\_\_\_\_

Sex: \_\_\_ M \_\_\_ F Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Home  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail  
 address: \_\_\_\_\_ School  
 Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**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:

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: \_\_\_\_\_

Please enclose a \$600.00 deposit with application.

(Check payable to: Sister Cities Committee)

Mail to :        Rich Strle  
                  2903 Hendrix Dr.  
                  Bloomington, Illinois 61704

Payment Schedule:

March 1, 2012	Application and first payment of \$600 due
April 1, 2012	Second payment of \$600 due
May 14, 2012	Balance due