**28 みやぎのふるさとふれあい**

**“Experience the Heart of MIYAGI 2016”Program Application Form**

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| --- | --- | --- | --- |
| / /  Preferred place and date of participation (SEE LIST AT BOTTOM OF POSTER) | | | / /  Registration Date |
| カタカナName (Katakana) | | | |
| Name (Kanji or Alphabet) | | | |
| **What do you want to be called by your Host Family?** | | | |
| Nationality | Date of Birth | Sex | |
| Address | | | |
| TEL.  E-mail  **※Do not forget to fill in this column.** | | | |
| ／ Firm/School | | | |
| ・・（もするのみ）  For those participating with family members: Name, age, and sex of participating family members | | | |
| での Name, address, and number of emergency contact in Japan | | | |
| をしますか？ What languages do you speak? | | | |
| たばこをいますか？ Do you smoke? | | | |
| アレルギーがありますか？ Do you have any allergies? | | | |
| べられないものAre there any food you cannot eat? | | | |
| な Are there any animals bother you? | | | |
| このプログラムにしんだやすること、あなたのなどいてください。  Please explain your reasons for applying to this program and how you expect to benefit from it.  Also, please provide a brief outline of your hobbies. | | | |

◆、がしたいやに、このを、E-MailまたはFAXでってください。

◇When finished filling out this application form, please mail it or fax it directly to the city/town you’re applying to.

◆ホストファミリーやのはみなさんがするのをしみにっていますので、のキャンセルはしないでください。どうしてもしなければならなくなったは、ずめにしみへしてください。

◇Please note：Your host family and host community are looking forward to seeing you, so please do not cancel unless absolutely necessary. If you do have to cancel, please contact the respective city/town as early as possible.