**２０１９年 みやぎのふるさとふれあい**

**“Experience the Heart of MIYAGI 2019”Program Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| / /  Preferred place and date of participation (SEE LIST AT BOTTOM OF POSTER) | | | / /  Registration Date |
| カタカナName (Katakana) | | | |
| Name (Kanji or Alphabet) | | | |
| ニックネームNickname | | | |
| Nationality | Date of Birth | Sex | |
| Address | | | |
| TEL  E-mail  **※Do not forget to fill in this section.** | | | |
| Firm/School | | | |
| ・・（もするのみ、してください）  For those participating with family members: name, age, and sex of participating family members  ※**のプログラムは、のみできます。は参加することはできません。**  **※The Ishinomaki program is available to only the applicant. Family members are unable to participate.** | | | |
| 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、あなたのなどをいてください。  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待っていますので、**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.