**みやぎのふるさとふれあい**

**EXPERIENCE THE HEART OF MIYAGI PROGRAM APPLICATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| / /  Preferred place and date of participation (SEE LIST AT BOTTOM OF POSTER) | | | 2022/ /  Application Date |
| カタカナName (Katakana) | | | |
| Name (Kanji or Alphabet) | | | |
| ニックネームNickname | | | |
| Nationality | Date of Birth | Sex | |
| / Address:  E-mail:  TEL: | | | |
| Firm/School | | | |
| するの・・（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 | | | |
| 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をいてください。  Please explain your reasons for applying to this program and how you expect to benefit from it. | | | |

◆、がしたい/にこのを、E-mailでってください。

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

◆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 community are looking forward to seeing you, **so please do not cancel unless absolutely necessary.** If you do have to cancel, please contact the number of the respective town as early as possible.