

IKATA, JAPAN APPLICATION FORM

Name: _____ Date of Birth: _____

Address: _____

Email Address: _____

Telephone: _____ Grade (2011-2012): _____

Mobile Number: _____

Father's Name (Guardian): _____

Occupation: _____ Employed by: _____

Mother's Name (Guardian): _____

Occupation: _____ Employed by: _____

List brothers/sisters and their ages:

Do you have any special medical requirements?
(including food allergies, medications, etc.)

Why do you want to go to Ikata, Japan?

What are your expectations? What do you hope to learn and experience during your visit?

Describe the qualities or skills you possess that will make you a good candidate.

What hobbies or special interests do you have?

Return application to: Thomas Brase, 3506 Skyline Drive, Red Wing, MN 55066
Email: tjbrase@charter.net Phone: 612-226-5278 or 651-388-8139

MUST BE RECEIVED/POSTMARKED NO LATER THAN 12/1/2011