



Host Family Information Sheet

3010 77th Ave SE
 Suite 102
 Mercer Island, WA 98040
 (206)374-0180
 grassrootssummit2018@jassw.org

Local Session: (_____)	Participant Name:
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Host Name	Last Name:	First Name:	
Date of Birth	_____ Day	_____ Month	_____ Year
	_____ Years old		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
Address			
Phone	Home Phone:	FAX:	
	Cell Phone:	Other:	
Email	_____ @ _____		
Occupation			
Hobbies/Interests			
Pets			

Do you and / or any of your family members smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Defined smoking area <input type="checkbox"/> No defined smoking area <input type="checkbox"/> Other
Do you accommodate smokers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you and / or any of your family members speak Japanese?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please List Your Family Members

Name	Relationship	Age	Occupation

Please note anything you would especially want participants to note about you and /or your family (Notes / Special Needs):
