

The 28th Japan-America Grassroots Summit in Seattle

Host Family Information Sheet

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Local Session:

Participant Name:

Host Name	Last Name:			First	Name:		
Date of Birth		Day	Month		Year		SEX
			Years old			🗌 Male	🗌 Female
Address					I		
Phone	Home Pho	e Phone:			FAX:		
	Cell Phone:	:			Other:		
Email	@						
Occupation							
Hobbies/Interests							
Pets							
Do you and / or any of your family members smoke?			moke?		□ Yes □ No		
				 Defined smoking area No defined smoking area Other 			
Do you accommodate smokers?				[Yes No		
Do you and / or any of your family members speak Japanese?					🗌 Yes		No
Please List Your Family Members							
Name		Rel	ationship		Age	0	ccupation
	I						
Please note anything you would especially want participants to note about you and /or your family (Notes / Special Needs):							

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Number of people acceptable to host *The main expectation is one person per household, but some my come with a spouse or family, so there may be groups of two or more people.	🗌 1 person 🦳 2 people 🔄 3 people 🔤 4 or more					
Preferred gender of guest *Please understand that we may not be able to meet your preference. *In the case of accepting multiple guests, both genders may be present.	☐ Male ☐ Female ☐ Either					
On September 23rd, the Summit's closing ceremony, the Farewell Party is scheduled to be held. Although there is only an invitation available for one individual from each host family, from two people and up it becomes pay-your-way, so other family members may participate. For the sake of convenience, please	Plan to attend 9/23 Farewell party (people)					
indicate whether you intend to come and how many people will be coming all together. Also, if you will be coming to the event in your own vehicle, please mark the box indicating that as well.	☐ Driving to venue					
*We will contact you at a later date with the details regarding confirmation of numbers attending and payment details.						
Emergency Contact						
Name	Relation					
Address						
Day Phone Evening Phone						
Personal References						
NameRelati	onship Phone					
NameRelati	onshipPhone					
Background Check Consent Form						
I understand the importance of placing Japanese guest(s) in safe environments. I give permission to conduct a criminal back-					
ground check on me.						
Name	Date					
First Las						
	Social Security #					
Signature						
Spouse (Partner)						
Name	Date					
First Last Birth Date	Social Security Number #					
Signature						