

# Application Form for Homestay ( Organization )

**Contact Person** \* It is preferred that the contact person and the group leader are the same person.

Name :	_____		
Dept./Section :	_____	Job Title :	_____
Phone :(             )             -	_____	FAX :(             )             -	_____
E-mail :	_____		

### **Applying Organization**

Name of Organization	_____		
Head Representative of Organization	* The person must be the same as the one who signs Contract of Agreement (Organization). _____ ( Job Title : _____ )		
Address	_____		
Phone	(         )         -	FAX	(         )         -
Website	_____		
E-mail	_____		

### **Desired Period of Homestay (month/date/year)**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ~ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ days and \_\_\_\_\_ night/s )

Desired time to meet host families: Around \_\_\_\_\_ : \_\_\_\_\_ AM • PM

Desired time to end homestay: Around \_\_\_\_\_ : \_\_\_\_\_ AM • PM

\* Homestay begins and ends at the office of the host organization or the place designated by the host organization.

### **Homestay Applicants**

Number of Applicants : \_\_\_\_\_ ( Male: \_\_\_\_\_ Female: \_\_\_\_\_ )

Ages : from \_\_\_\_\_ to \_\_\_\_\_ years old Countries : \_\_\_\_\_

### **Purpose of Visiting Nagoya**

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**\* All necessary documents for homestay must be submitted to the host organization which Nagoya Homestay Volunteer Center informs.**

#### **【For Inquiries】**

Nagoya Homestay Volunteer Center

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