

SHUKUTOKU YONO SCHOOL VISIT

Sept. 30th, 2016 to Oct. 3th (Monday early morning), 3 nights

Host Family Information

Blanchet Catholic HS

Last Name:	Father's Name:	Mother's Name:
Address:	Telephone Numbers:	
	(Home)	
	(Cell)	
	(E-mail)	
Children's Names: (all family members who will be home during the weekend)	Sex:	Age Birthdate

Please provide the following information as some students may have allergies:

Pets: inside only inside & outside outside only

Does anyone in your house smoke? no / yes inside? outside only

Other remarks:

A \$90 fee will be paid to host families to cover expenses of the two students for three nights (\$15 per student, per night). If you would like to waive receipt of the fee, the \$90 will be contributed directly to _____. Please check the appropriate box and sign below.

I hereby waive the host family fee. Please donate this amount to _____.

I do not wish to waive the host family fee.

Signature (one parent) _____ Date _____

Please return completed form to Mrs. Nanneman, Blanchet Development Manager.