BRIDGE Summer Camp

Date(目付):

For Chaperon

APCC ID:

INF	ORMATIO	N SHEET (1)	(ーションシート)
AS WRITTEN ON PASSPORT			
Name of Country/Region (国·地域名)	N	ationality (国籍)	Attach your photo
Name	Middle Name		
/ /			
Date of Birth / (生年月日) Month(月) Date(日) Year(年)	Sex	男) □ F (女) ————————————————————————————————————	
Residential Address(住所)			
TEL FAX			
Occupation (職業)			
Notive Language (NESS)		Religion (空数)	
			TEL
1) Please assess your ability of foreign language			
English	□ 2: Simple Phrases (挨		sation(日常会話レベル) 4: Fluent(流暢)
Japanese	□ 2: Simple Phrases (接		sation(日常会話レベル)
2) Do you have any allergies? (アレルギーはあります	か) → ☐ Yes	□ No	
*If "yes", please write down the details on the * Please make sure the information you write h (アレルギーがある場合には、別紙の医療診断書・食事制限調	iere is <u>exactly same as other</u>		e / Dietary Resriction Survey).
3) Do you have any Pets /Animals that you <u>CA</u> ! (居住できないペット・動物はありますか?ある場合は、その種別	N NOT stay with?	\square No \square Yes \rightarrow	/hat kind?
理由:アレルギー/宗教/その他)	C-IM Cuby to the to		Allergic Religious Other Reasons
4) What do you want to gain through the APCC	participation ? (APCC事業への		
	participation ? (APCC事業へ		
Your Family Members (家族紹介)		の参加を通して学びたいこと)	
	participation ? (APCC事業への		Occupation(職業)
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Participant's signature(本人直筆の署名):