

平成 年 月 日

NPO Iwate International Exchange Association
President Kenichi Hirayama

Organization name

Name of representative

Home Stay (Home Visit) Regulation Form

Please fill in the form below along with the attached home stay (home visit) registration form (Form 3)

- 1 Name of visitor (Nationality) _____ () _____
- 2 Purpose of visit _____
- 3 Duration of stay _____
- 4 Person-in-charge
- Name : _____
- Telephone : _____
- FAX : _____
- Email : _____
- Emergency contact : _____

※If there are 2 or more people, please attach a list of names.

※Please attach any available schedule or itinerary.

※In case of emergency, please include an emergency contact that we will be able to reach at any time.