

MICHIGAN-SHIGA SISTER-STATE PROGRAM

P.O. BOX 4715 EAST LANSING, MI 48826

GOODWILL MISSION TO SHIGA, JAPAN

OCTOBER 26 – NOVEMBER 7, 2009

Registration Form for 2009 Goodwill Mission

To ensure proper enrollment, please complete all information. Use one form for each participant.

Name: _____
Last First Middle Name (Nickname)

Address: _____
Street City State ZIP Code

Phone: _____
Home Work Cell

Email: _____ Fax: _____

Occupation/Title: _____

Birth date: ___/___/___ Gender: M ___ F ___ Marital Status: _____

Special Health Considerations: Allergies/Diet Restrictions/Physical limitations/Other Concerns

Medications: _____

Health Insurance Company and Policy Number: _____

Emergency Contact in USA: _____

Name

Phone

1. Do you smoke? Yes ___ No ___
2. Do you mind if a member of your host family smokes? Yes ___ No ___
3. If you smoke, can you refrain from smoking in your host family's home? Yes ___ No ___
4. Are you allergic to pets (animals)? Yes ___ No ___ Which pets? _____
5. Do you mind if your host family has a pet in the house? Yes ___ No ___ Which pets? _____
6. Japanese language skills: None ___ Limited ___ Conversational ___
7. Previous participation in Goodwill Mission: Yes ___ No ___ Year(s): _____
8. Previous travel to Japan: Yes ___ No ___ Where _____
9. Other international travel: Yes ___ No ___ Where _____
10. Hosted Previous Shiga Guests: Yes ___ No ___ Year(s): _____

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Application Page

11. Special Interests/Hobbies: _____

12. Do you plan to make your own arrangements for private home stay with family or friends in Shiga?

Yes__ No__ If yes, please provide contact information here, so Michigan/Shiga Program officials will know where to contact you and will not make unnecessary host family arrangements.

I plan to stay with:

Name

Email

Address

Phone

13. Are you interested in extending your trip with optional travel at the end of the Goodwill Mission?

Yes__ No__ (Travel suggestions, but not limited to: Tokyo, Hiroshima, Hokkaido; Participants are urged to contact the travel agent as soon as possible to discuss travel options. Extended travel must be arranged BEFORE submitting application deposit on April 1, 2009 to avoid \$50 penalty.)

14. Are you traveling with a friend/relative? Yes __ No__

15. Do you and your friend/relative prefer to stay together with your host family? Yes__ No__

16. Name and Relationship of friend or relative: _____

17. Specify room preference for hotel:

Standard Hotel Room rates are based on Double Occupancy (Single Room Rates are higher)

Double (2 persons/1 bed) ____; Twin (2 persons/2 beds) ____ ; Single (1 person/1 bed) ____

18. US Citizenship: Yes __ No__

Name as it appears on your Passport: _____

Valid US Passport # _____ Expiration Date _____

Please provide your passport number no later than May 1, 2009. You are responsible for obtaining your passport. No visas or immunizations are required.

19. Airline Frequent Flyer Number: (for accrual only) _____

Airline Name

Mileage Number

Participants are expected to attend the Goodwill Mission Information and Orientation meeting(s).

Location and Dates to be announced.

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WAIVER OF LIABILITY AND CANCELLATION CLAUSE

No Liability: The Michigan-Shiga Goodwill Mission 2009 and the Michigan-Shiga Sister State Board (collectively, "Travel Program"), is not liable for any losses incurred by delegates including but not limited to: personal injury, property damage, and cancellations. The delegate waives any and all claims, known or unknown against the Travel Program, its agents and employees.

Cancellations: All travel arrangements are subject to change or cancellation by the Travel Program at any time, with or without notice and with or without cause. In the event of a cancellation, the travel agency's cancellation policy takes effect. The Travel Program reserves the right to exclude any delegate from the program at any time, with or without notice and with or without cause. In the event of such exclusion, the delegate is subject to the terms and conditions of the travel agency's cancellation clause.

Cancellations by Delegate: In the event of a cancellation by the delegate, the delegate assumes all responsibility for all airline cancellation fees, and any and all other costs or losses incurred by the delegate, the Travel Program, or both.

Airline Carrier: The contract in use by the airline carrier shall be the sole and exclusive agreement between the delegate, the airline, and the Travel Program. Services provided and tickets issued by the airline carrier are subject to the liability provisions established by commercial treaty in the Warsaw Convention and the terms and conditions of this agreement.

I understand and agree to the above terms.

Delegate Signature: _____ Date: _____

Check # _____ Check Amount _____

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In order to hold your place in the delegation, return the upper portion with your deposit by April 1, 2009.

If you have questions, please call your Sister-City Representative or Marilyn Schlieff, P.O. Box 4715, East Lansing, MI, 48826 or e-mail Marilyn500@aol.com

PAYMENT SCHEDULE

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|---------------|--|
| April 1, 2009 | \$ 200 Deposit due with application – Refundable before April 15, 2009 |
| May 1, 2009 | \$1,200 Due |
| June 1, 2009 | \$1,200 Due (Total = \$2,600) |

Make checks payable to: Michigan-Shiga Sister-State Board
Mail to: Marilyn Schlieff, P.O. Box 4715, East Lansing, MI 48826; Email Marilyn500@aol.com

Waiver Page