

# APPLICATION FORM

I agree that Michi no Eki Aso cannot be held responsible for any accident or trouble that may occur during the event. [signature_____]	Do you consent to being photographed and do you give us the permission to publish these photographs on our website? <div style="text-align: center;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No                 </div> We will comply with laws, ordinances, national guidelines and regulations in regards to handling personal information.
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Please write in print.

<b>Applicant's full name</b>				<b>Nationality</b>			
<b>Sex</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Length of stay in Japan</b>		From _____ To _____	
<b>Date of birth</b>				<b>Age</b>		.....Yrs	
<b>Marital Status</b>		<input type="checkbox"/> Single <input type="checkbox"/> Married		<b>Japanese Level</b>		<input type="checkbox"/> Advanced <input type="checkbox"/> Average <input type="checkbox"/> Beginner Other Languages: _____	
<b>Address</b>		〒 _____					
<b>Contact</b>		Tel: _____ Cell Phone: _____			Email: _____		
<b>Family Members (if participating)</b>							
① <b>Full name</b>				② <b>Full name</b>			
<b>Sex</b>	M <input type="checkbox"/> F <input type="checkbox"/>	<b>Date of birth</b>		<b>Sex</b>	M <input type="checkbox"/> F <input type="checkbox"/>	<b>Date of birth</b>	
<b>Age</b>	.....Yrs	<b>Japanese Level</b>	<input type="checkbox"/> Advanced <input type="checkbox"/> Average <input type="checkbox"/> Beginner Other Languages: _____	<b>Age</b>	.....Yrs	<b>Japanese Level</b>	<input type="checkbox"/> Advanced <input type="checkbox"/> Average <input type="checkbox"/> Beginner Other Languages: _____
③ <b>Full name</b>				④ <b>Full name</b>			
<b>Sex</b>	M <input type="checkbox"/> F <input type="checkbox"/>	<b>Date of birth</b>		<b>Sex</b>	M <input type="checkbox"/> F <input type="checkbox"/>	<b>Date of birth</b>	
<b>Age</b>	.....Yrs	<b>Japanese Level</b>	<input type="checkbox"/> Advanced <input type="checkbox"/> Average <input type="checkbox"/> Beginner Other Languages: _____	<b>Age</b>	.....Yrs	<b>Japanese Level</b>	<input type="checkbox"/> Advanced <input type="checkbox"/> Average <input type="checkbox"/> Beginner Other Languages: _____

**If you need to cancel this trip, please make sure to contact us in advance.**

**Contact: Michi-no-Eki Aso (Aso Den'en Kukan Hakubutsukan) ASO 田園空間博物館**

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HP: <http://www.aso-denku.jp/>

**Please send this application form back to us by e-mail or by fax before May 29th.**

On the same e-mail please inform us from where you plan to take the bus (Kumamoto International Center or Kumamoto University)