Sister Cities of Idaho Falls Student Application Form

Applications are reviewed and approved, based on the date received by the committee. A limited number of students are chosen to make the trip to Japan. Commitment to the Sister City program includes regular participation in meetings, fundraising and other related activities by the student and parent(s) until the exchange has taken place. For more information or questions, contact Laura Combs (757)272-2575.

Yearly dues: □ **Individual** ($25 – 1 student) □ **Family** ($35 – 2 or more students) (Check payable to Sister Cities of Idaho Falls)

Student 1 Name	Birth date	Sex	School	Email/Cell for meeting notifications
		□ M / □ F		

Student 2 Name	Birth date	Sex	School	Email/Cell for meeting notifications
		□M / □ F		

Student 3 Name	Birth date	Sex	School	Email/Cell for meeting notifications
		□ M / □ F		

Home Address	City	State	Zip	Home Phone

Parent(s) / Legal Guardian(s) Name(s)	E-mail	Alternate Phone (Work / Cell)

Explain why you would like to earn the opportunity to participate in the youth exchange program with Japan. (Use the back for more room):

I understand that pictures of the above named student(s) participating in group activities may be collected and shared within Idaho Falls and Tokai-Mura Sister Cities programs on private Facebook or similar accounts and may be used for limited purposes such as to recruit new members.

_____ _____

Student Signature Date Parent / Legal Guardian Signature Date

I request that, to the extent practical, pictures of the students identified above not be placed on publicity available electronic media. I understand that it is my responsibility as well as the groups to reinforce and remind the group of this request as the year progresses.	_____ Parent/Legal Guardian Signature and Date