

MICHIGAN-SHIGA SISTER STATE PROGRAM

GOODWILL MISSION TO SHIGA, JAPAN

OCTOBER 11 – OCTOBER 21, 2015

Registration Form for 2015 Goodwill Mission

To ensure proper enrollment, please **PRINT LEGIBLY** and 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: _____

If retired, what was your previous occupation? _____

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. Is it all right 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 ___ If so, which pets? _____
5. Do you mind if your host family has a pet in the house? Yes ___ No ___ If so, 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 ___ If so, where _____
10. Hosted Previous Shiga Guests: Yes ___ No ___ Year(s): _____
11. Special Interests/Hobbies: _____

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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, and Hokkaido. Extended travel must be arranged **BEFORE** July 1, 2015 to avoid 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 Single Occupancy (other room rates may be higher)

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

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 July 1, 2015. You are responsible for obtaining your passport. Current passports should be valid for your entire stay in Japan.

No visas or immunizations are required.

19. Airline Frequent Flyer Number (for accrual only), if available _____

DELTA Frequent Flyer Number

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

Date and Location TBD (Lansing Area)

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WAIVER OF LIABILITY AND CANCELLATION CLAUSE

No Liability: The Michigan-Shiga Goodwill Mission 2015 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 May 1, 2015

If you have questions, please call your Sister-City Representative or

*Kathee McDonald
MSSSB President
7916 Upton Road
Laingsburg, MI 48848
mcdon288@gmail.com*

*Marilyn Schlieff
1713 South Crystal Cove
Haslett, MI 48840
Marilyn500@aol.com*

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PAYMENT SCHEDULE

May 1, 2015 \$200 Deposit due with application, Refundable until June 1, 2015

July 1, 2015 \$1,250 Due (50% of balance) **

Copy of Passport and Passport Number INCLUDED

August 15, 2015 \$1,250 Due (Remaining balance) **

***Due to the uncertainty of the yen and fuel costs, we may experience price changes.*

Make checks payable to: Michigan-Shiga Sister-State Board