

# Finnish-Estonian Multidistrict

## Rotary District 1410 Short Term Program

### Exchange Student Application, 2026-27



**Name: Kaisa Linnea KESÄVAIHTARI**

### 1. Applicant Information

|                                                                                                                                                      |                                                 |                                            |                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------|---------------------------------------------|
| Full Legal Name as on passport or birth certificate (use uppercase for your FAMILY name; e.g., John David SMITH)<br><b>Kaisa Linnea KESÄVAIHTARI</b> |                                                 | Name You Wish to be Called<br><b>Kaisa</b> | Sex<br><b>Female</b>                        |
| Home Address - Street<br><b>Vaihtokuja 2</b>                                                                                                         | City, State, & Postal Code<br><b>Salo 24280</b> |                                            | Country<br><b>Finland</b>                   |
| Postal Address (if different) - Street/PO Box                                                                                                        | City, State, & Postal Code                      |                                            | Country                                     |
| E-mail Address<br><b>torsti.poutanen@kolumbus.fi</b>                                                                                                 |                                                 | Home Phone Number                          | Mobile Phone Number<br><b>+358441234567</b> |
| Place of Birth<br><b>Salo, Finland</b>                                                                                                               |                                                 | Date of Birth<br><b>2008-07-09</b>         | Citizen of (Country)<br><b>Finland</b>      |

### 2. Parent/Legal Guardian Information

|                                                                                                             |                                                 |                                                               |                             |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------|-----------------------------|
| Full Name of Parent/Legal Guardian #1<br><b>Faija Kesävaihtari</b>                                          |                                                 | Rotarian?<br><b>No</b>                                        | If yes, name of Rotary Club |
| Home Address - Street<br><b>Viahtokuja 2</b>                                                                | City, State, & Postal Code<br><b>Salo 24280</b> |                                                               | Country<br><b>Finland</b>   |
| E-mail Address<br><b>faija@faija.fi</b>                                                                     | Occupation<br><b>Nurse</b>                      | Skype ID                                                      |                             |
| Home Phone Number                                                                                           | Mobile Phone Number<br><b>+358 40 1234567</b>   | Business Phone Number                                         | WhatsApp (or fax)           |
| Full Name of Parent/Legal Guardian #2<br><b>Mutsi Kesävaihtari</b>                                          |                                                 | Rotarian?<br><b>No</b>                                        | If yes, name of Rotary Club |
| Home Address - Street<br><b>Vaihtokuja 2</b>                                                                | City, State, & Postal Code<br><b>Salo 24280</b> |                                                               | Country<br><b>Finland</b>   |
| E-mail Address<br><b>mutsi@mutsi.fi</b>                                                                     | Occupation<br><b>Engineer</b>                   | Skype ID                                                      |                             |
| Home Phone Number                                                                                           | Mobile Phone Number<br><b>+358 45 1234567</b>   | Business Phone Number                                         | WhatsApp (or fax)           |
| In the event of an emergency, which parent or legal guardian should be contacted first?<br><b>Parent #2</b> |                                                 | Marital status of the parents<br><b>Married to each other</b> |                             |
| If parents are separated or divorced, provide details of custody arrangement:                               |                                                 |                                                               |                             |

### 3. Sending District and Rotary Club

|                                                              |                                                                    |
|--------------------------------------------------------------|--------------------------------------------------------------------|
| Sending District Number<br><b>1410</b>                       | Sending Rotary Club<br><b>Uskela</b>                               |
| Sending District Youth Exchange Chair<br><b>Liisa Pressa</b> | Sending Club Youth Exchange Officer<br><b>Nipa Nuorisovaihtaja</b> |
| District YE Chair's E-mail Address<br><b>liisa@pressa.fi</b> | Club YEO's E-mail Address<br><b>camps-ib@rye.fi</b>                |



# **Finnish-Estonian Multidistrict** **Rotary District 1410 Short Term Program** **Exchange Student Application, 2026-27**

**Name: Kaisa Linnea KESäVAIHTARI**

## **4. Personal Background**

|                                                 |                         |
|-------------------------------------------------|-------------------------|
| Religion                                        | Private                 |
| Religious Requirements                          | None                    |
| Dietary Restrictions                            | I cannot eat nuts.      |
| Do you smoke or use tobacco products?<br><br>No | If yes, please explain. |
| Do you drink alcohol?<br><br>No                 | If yes, please explain. |
| Have you ever used illegal drugs?<br><br>No     | If yes, please explain. |

## **5. All Siblings (plus any other individuals living in the home)**

| Name                | Relationship   | Age | Occupation or School Grade | Lives Home? |
|---------------------|----------------|-----|----------------------------|-------------|
| Veikko Kesävaihtari | Brother/Sister | 20  | Student                    | Yes         |
|                     |                |     |                            |             |
|                     |                |     |                            |             |
|                     |                |     |                            |             |
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# Finnish-Estonian Multidistrict

## Rotary District 1410 Short Term Program

### Exchange Student Application, 2026-27

Name: Kaisa Linnea KESäVAIHTARI

#### 6. Languages

| Native Language: Finnish |               | ----- Proficiency in Non-Native Languages ----- |         |         |
|--------------------------|---------------|-------------------------------------------------|---------|---------|
| Non-Native Language(s)   | Years Studied | Speaking                                        | Reading | Writing |
| English                  | 9             | Fluent                                          | Fluent  | Good    |
| Swedish                  | 5             | Fair                                            | Good    | Fair    |
|                          |               |                                                 |         |         |
|                          |               |                                                 |         |         |

#### 7. Alternative Emergency Contact in home country

|                                       |                |                                 |                      |
|---------------------------------------|----------------|---------------------------------|----------------------|
| Name<br>Kalle Kehveli                 |                | Relationship<br>Neighbor        |                      |
| Home Address - Street<br>Vaihtotie 12 | City<br>Salo   | State/Prov                      | Postal Code<br>24280 |
| E-mail Address<br>kalle@kehveli.fi    |                |                                 |                      |
| Home Phone                            | Business Phone | Mobile Phone<br>+358 50 1234567 |                      |



# **Finnish-Estonian Multidistrict**

## **Rotary District 1410 Short Term Program**

### **Exchange Student Application, 2026-27**

**Name: Kaisa Linnea KESäVAIHTARI**

#### **8. Student's Letter**

Copy-paste student letter here (max. 6000 characters).



**Finnish-Estonian Multidistrict**  
**Rotary District 1410 Short Term Program**  
**Exchange Student Application, 2026-27**

**Name: Kaisa Linnea KESäVAIHTARI**

**9. Parent's Letter**

Copy-paste parent letter here (max. 6000 characters).

**Finnish-Estonian Multidistrict**  
**Rotary District 1410 Short Term Program**  
**Exchange Student Application, 2026-27**

**Name: Kaisa Linnea KESäVAIHTARI**

**10. Photos**

**My Family**



Write what one sees in this photo.

**My Special Interest**



Write what one sees in this photo.

**Something Important to Me**



Write what one sees in this photo.

**My Home**



Write what one sees in this photo.

## Rotary Youth Exchange - Short-Term Exchange Program

Rotary District:

Applicant's Full Name (First/Last):

Date of Birth (DD-MON-YEAR):

Sex (Female/Male):

### Health Information

**YES      NO**

Do you have any mental health/medical/dental conditions ?

☐
☒

Have you been treated for mental health/medical conditions in the past two years ?

☐
☒

Have you taken any prescribed medications in the past 6 months ?

☐
☒

Do you have any special health requirements (disabilities, allergies etc.) ?

☒
☐

If you have answered "YES" to any of the above please explain fully in the space below providing as much information as possible, including the name of any medication and the reason prescribed and include a copy of the doctor's prescription. Use additional sheets of paper if necessary.

I am allergic to nuts.

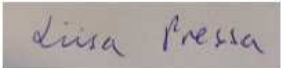
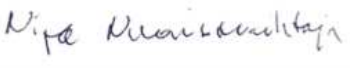


**Finnish-Estonian Multidistrict**  
**Rotary District 1410 Short Term Program, 2025-26**  
**Sponsor Endorsements**

|                                                                                                                                                      |                                        |                                                   |                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------|----------------------|
| Full Legal Name as on passport or birth certificate (use uppercase for your FAMILY name; e.g., John David SMITH)<br><b>Kaisa Linnea KESÄVAIHTARI</b> |                                        | Name You Wish to be Called<br><b>Kaisa</b>        | Sex<br><b>Female</b> |
| Home Address - Street<br><b>Vaihtokuja 2</b>                                                                                                         | City & State/Province<br><b>Salo</b>   | Postal Code & Country<br><b>24280<br/>Finland</b> |                      |
| E-mail Address<br><b>torsti.poutanen@kolumbus.fi</b>                                                                                                 | Home Phone Number                      | Mobile Phone Number<br><b>+358401234567</b>       |                      |
| Place of Birth<br><b>Salo, Finland</b>                                                                                                               | Citizen of (Country)<br><b>Finland</b> | Date of Birth<br><b>2007-07-09</b>                |                      |

**(C) SPONSOR CLUB AND DISTRICT ENDORSEMENT**

*The Rotary Club and Rotary District specified within this section, having interviewed the applicant and his/her parents/legal guardians and having reviewed the student's application and related documents, hereby endorse the student as qualified for Rotary Youth Exchange and recommend to host clubs and host districts the acceptance of this student. The District agrees to provide adequate orientation to the student and parents before the student's departure.*

|                                                                                                                |                                       |                                                                                                                |                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Sponsor District Number<br><b>1410</b>                                                                         | Sponsor Club ID Number<br><b>9969</b> | Sponsor Rotary Club Name<br><b>Uskela</b>                                                                      |                                                                                                                  |
| <b>Sponsor District Youth Exchange Chair</b>                                                                   |                                       | <b>Sponsor Club President</b>                                                                                  | <b>Sponsor Club Youth Exchange Officer</b>                                                                       |
| Name<br><b>Liisa Pressa</b>                                                                                    |                                       | Name<br><b>Liisa Pressa</b>                                                                                    | Name<br><b>Nipa Nuorisovaihtaja</b>                                                                              |
| E-mail Address<br><b>liisa@pressa.fi</b>                                                                       |                                       | E-mail Address<br><b>liisa@pressa.fi</b>                                                                       | E-mail Address<br><b>camps-ib@rye.fi</b>                                                                         |
| Street Address<br><b>Pressantie 13</b>                                                                         |                                       | Street Address<br><b>Pressantie 13</b>                                                                         | Street Address<br><b>Nipantie 10</b>                                                                             |
| City, State, Postal Code<br><b>Salo, 24280</b>                                                                 |                                       | City, State, Postal Code<br><b>Salo, 24280</b>                                                                 | City, State, Postal Code<br><b>Salo, 24280</b>                                                                   |
| Phone Number<br><b>+358443333333</b>                                                                           |                                       | Phone Number<br><b>+358443333333</b>                                                                           | Phone Number<br><b>+358442222222</b>                                                                             |
| Signature (in blue ink)<br> |                                       | Signature (in blue ink)<br> | Signature (in blue ink)<br> |
| Date Signed (e.g., 2021-01-25 or 25-Jan-2021)<br><b>27/Jul/2023</b>                                            |                                       | Date Signed (e.g., 2021-01-25 or 25-Jan-2021)<br><b>2023-11-28</b>                                             | Date Signed (e.g., 2021-01-25 or 25-Jan-2021)<br><b>2023-11-30</b>                                               |

|                     |                    |
|---------------------|--------------------|
| Applicant's Name    | Kaisa Kesävaihtari |
| Rotary District No. | 1410               |

*Fill-in above boxes in pdf before printing and signing.*

## Short Term Exchange Program / Family-to-Family

### Rules and Conditions of Exchange, Permissions and Declarations

As a Youth Exchange student sponsored by a Rotary club or district, you must agree to the following rules and conditions of exchange. Violation of any of these rules may result in dismissal from the program and immediate return home, at student's expense. Please note that districts may edit this document or insert additional rules if needed to account for local conditions.

- 1) You must obey the laws of the host country. If found guilty of violating any law, you can expect no assistance from your sponsors or native country. You must return home at your own expense as soon as released by authorities.
- 2) You will be under the host district's authority while you are an exchange student and must abide by the rules and conditions of exchange provided by the host district. Parents or legal guardians must not authorize any extra activities directly to you. Any relatives you may have in the host country will have no authority over you while you are in the program.
- 3) You are not allowed to possess or use illegal drugs. Legal medications that are prescribed to you by a physician are allowed.
- 4) The illegal drinking of alcoholic beverages is expressly forbidden. Students who are of legal age should refrain. If your host family offers you an alcoholic drink, it is permissible to accept it under their supervision in the home. Excessive consumption and drunkenness is forbidden.
- 5) You may not operate a motorized vehicle, including but not limited to cars, trucks, motorcycles, aircraft, all-terrain vehicles, snowmobiles, boats, and other watercraft, or participate in driver education programs.
- 6) Smoking is discouraged. If you state in your application that you do not smoke, you will be held to that position throughout your exchange. Your acceptance and host family placement is based on your signed statement. Under no circumstances are you to smoke in your host family's bedrooms.
- 7) Body piercing or obtaining a tattoo while on your exchange, without the express written permission of your natural parents, host parents, host club, and host district, is prohibited, for health reasons.
- 8) Limit your use of the Internet and mobile phones, as directed by your host district, host club, and host family. Excessive or inappropriate use is not acceptable. Accessing or downloading pornographic material is expressly forbidden.
- 9) You must have health and accident or travel insurance that provides coverage for accidental injury and illness, death benefits (including repatriation of remains), disability/dismemberment benefits, emergency medical evacuation, emergency visitation expenses, 24-hour emergency assistance services, and legal services, in amounts satisfactory to the host Rotary club or district in consultation with the sponsor Rotary club or district, with coverage from the time of your departure from your home country until your return.
- 10) You must also have liability coverage through a travel insurance or other applicable policy, in amounts satisfactory to the host Rotary club or district in consultation with the sponsor Rotary club or district.
- 11) You must have sufficient financial support to assure your well-being during your exchange. Your host district may require a contingency fund for emergency situations. Unused funds will be returned to you or to your parents or legal guardians at the end of your exchange.
- 12) You must follow the travel rules of your host district. Travel is permitted with host parents or for Rotary club or district functions authorized by the host Rotary club or district with proper adult chaperones. The host district and club, host family, and your parents or legal guardians must approve any other travel in writing, thus exempting Rotary of responsibility and liability.
- 13) You must return home directly by a route mutually agreeable to your host district and your parents or legal guardians.
- 14) Any costs related to an early return home or any other unusual costs are the responsibility of you and your parents or legal guardians.
- 15) Visits by your parents or legal guardians, siblings, or friends while you are on exchange may only take place with the host club's and district's consent and within their guidelines. Typically, visits may be arranged only in the last quarter of the exchange or during school breaks and are not allowed during major holidays.
- 16) Serious romantic activity is to be avoided. Sexual activity is forbidden.
- 17) Talk with your host club counselor, host parents, or other trusted adult if you encounter any form of abuse or harassment.

### Recommendations for a Successful Exchange

- 1) If placed in a host family, respect your host's wishes. Become an integral part of the family, assuming duties and responsibilities normal for a person of your age or for children in the family.
- 2) Make an effort to learn the basics of the language of the host country.
- 3) Attend Rotary-sponsored events and, if living with a family, host family events, and show an interest in these activities. Volunteer to be involved - do not wait to be asked.
- 4) Do not borrow money. Pay any bills promptly. Ask permission to use the phone or computer, keep track of all calls and time on the Internet, and reimburse the costs you incur.
- 5) If you are offered an opportunity to go on a trip or attend an event, make sure you understand any costs you must pay and your responsibilities before you go.

|                     |                    |
|---------------------|--------------------|
| Applicant's Name    | Kaisa Kesävaihtari |
| Rotary District No. | 1410               |

## Statement of Conduct for Working with Youth

Rotary International strives to create and maintain a safe environment for all youth who participate in Rotary activities. To the best of their ability Rotarians, Rotarians' spouses, partners, and other volunteers must safeguard the children and young people they come in contact with and protect them from physical, sexual and emotional abuse.

*Adopted by the Rotary International Board of Directors, November 2006*

## DECLARATION

**IN CONSIDERATION** of the acceptance and participation of the applicant in this program, the undersigned APPLICANT and his/her PARENTS or LEGAL GUARDIANS, to the full extent permitted by law, hereby release and agree to defend, hold harmless, and indemnify Rotary International, the Rotary Club and Rotary District, all host parents and members of their families, and all members, officers, directors, committee members, chaperones and employees of the host and sending Rotary clubs and districts, and of Rotary International, from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of any negligent act or omission, excepting gross negligence or intentional conduct, of any such persons or entities, which may be suffered or claimed by such applicant, parent, or guardian during, or as a result of, the participation by the applicant in such Youth Exchange program, including travel to and from the host country.

As the undersigned applicant and undersigned parents or legal guardians of the applicant, we hereby state that we have read and understood the Program Rules and Conditions of Exchange. Should I, as a student, be selected for an exchange, I agree to abide by these rules and others imposed on me with due notice during my time as an exchange student in the host country.

We attest that we have read and understand the Statement of Conduct for Working with Youth. We understand that all Rotarians and host families are expected to have read and understand this statement as well. I understand that, if selected for an exchange, I will be provided with training and written material on abuse and harassment and that this information will include the contact information of the person I should contact if I encounter any form of abuse or harassment.

The undersigned applicant attests that I am of good health and character, understand the importance of the role of a youth ambassador as a Rotary Youth Exchange student, and will, to the best of my ability, maintain the high standards required of a Rotary Youth Exchange student should I be chosen to represent my sending Rotary club and district, school, community, state/province, and country. I further state that all the material contained in this application and the attached documents are true and accurate to the best of my knowledge.

## Privacy statement

If you are accepted into the Rotary Short-Term Program, this application and the information contained within will be shared with various Rotary related entities including the sponsor district and club where you live, the district and club that will be hosting your exchange. This information may also be shared with others associated with administering the program including exchange counselors and host families. To correct or delete any personal information, please contact the Chairperson of your Rotary Sponsor District.

## PERMISSION FOR MEDICAL CARE AND RELEASE OF MEDICAL RECORDS AND LIABILITY

We, the parents/legal guardians of the applicant, and I, the applicant, HEREBY AUTHORIZE the release of medical information on application page 3 'Health Information'.

We, the parents/legal guardians of the applicant, and the applicant, if of legal age, who have the sole and legal right to make the decisions on the health and care of the applicant, do release from liability and grant permission as noted of the following while our son/daughter/ward is overseas as a Rotary Youth Exchange student:

- In the event of accident or sickness, we/I authorize any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of student to select the appropriate medical facility and physician(s)/dentist(s) to provide treatment.
- We/I give permission for any operation, administration of anesthetic, or blood transfusion that a medical practitioner may deem necessary or advisable for the treatment of our son/daughter/ward.
- We/I further consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that might be required by our son/daughter/ward for any emergency situation. We do request that we be notified as soon as possible, but emergency treatment need not be delayed providing such notice.
- In the case of elective surgery, we/I request that we/I be notified, and our permission obtained before such arrangements are made.

We agree to hold harmless Rotary International, any Rotary district, Rotary club, Rotarian, Rotary chaperone, or host family for any intervention in an emergency regardless of final outcome.

We agree to assume all financial obligations for any medical treatment rendered (whether or not covered by insurance).

**Signatures** (of parents/guardians not required if applicant is over 18 years of age)

|                                                                      |                                                          |                                                          |
|----------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| Signed (Applicant)<br><i>Kaisa Kesävaihtari</i>                      | Signed (Parent 1#/Guardian)<br><i>Fanni Kesävaihtari</i> | Signed (Parent 2#/Guardian)<br><i>Matti Kesävaihtari</i> |
| Witness (Sending Rotary club representative)<br>Nipa Nuorisovaihtaja | Signed (Witness)<br><i>Nipa Nuorisovaihtaja</i>          | Date (YYYY-MM-DD)<br>2023-12-01                          |

**Add witness, sign with blue ink and add date.**

|                     |                   |
|---------------------|-------------------|
| Applicant's Name    | Kaisa Kesävahtari |
| Rotary District No. | 1410              |

## CONSENT TO USE OF PERSONAL DATA, IMAGES AND RECORDINGS

- For the purposes of this policy the term 'Rotary' applies to Rotary multi-districts and districts and clubs participating in the youth exchange programme as sponsors or hosts to exchange students. Rotary will collect and process and use your personal data to coordinate your exchange with international exchange partners, schools and government agencies and to facilitate your participation in Rotary Youth Exchange activities at home and abroad. Rotary may need to disclose your medical information in compliance with local privacy laws to verify your eligibility for medical treatment. Rotary will retain your contact details. Digital copies of your personal data will be retained on a secure database. Five years after the end of your exchange this data will be transferred to an archive within a database which allows access only when required by law or as authorised by the Data Protection Officer.
- I consent to anyone associated with the Rotary Youth Exchange programme (including Rotarians, host family members, and agents of the programme) recording my voice and image by any means ("Recordings").
- I grant "Rotary" the right free of charge to use, copy, display, modify, distribute, publish and license the "Recordings" for promotional, marketing and educational purposes. I understand that this could include use on websites, in publications, via streaming and in social media. I agree that "Rotary" may retain the "Recordings" for historical and research purposes. I understand that at any time I can revoke my consent and that my "Recordings" be deleted.

### Signatures *(of parents/guardians not required if applicant is over 18 years of age)*

|                                                                                                           |                                                                                                                    |                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Signed (Applicant)<br> | Signed (Parent 1#/Guardian)<br> | Signed (Parent 2#/Guardian)<br> |
| Date (YYYY-MM-DD)<br><br>2023-12-01                                                                       | <b>Sign with blue ink and add date.</b>                                                                            |                                                                                                                      |

|                            |                    |
|----------------------------|--------------------|
| <b>Applicant's Name</b>    | Kaisa Kesävaihtari |
| <b>Rotary District No.</b> | 1410               |

*Fill-in personal data in the pdf*

## Short Term Exchange Program: Family-to-Family

### Guarantee Form

|                                                                                                                           |                               |                                            |                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Full Legal Name as on passport or birth certificate ( <i>use capital letters for your FAMILY name, e.g., SMITH John</i> ) |                               | Name you wish to be called                 | <input checked="" type="checkbox"/> Female<br><input type="checkbox"/> Male<br><input type="checkbox"/> Non-binary |
| KESÄVAIHTARI Kaisa                                                                                                        |                               | Kaisa                                      |                                                                                                                    |
| Place of Birth ( <i>City, State/Province, Country</i> )                                                                   | Citizen of ( <i>Country</i> ) | Date of Birth ( <i>e.g., 01/Jan/1999</i> ) |                                                                                                                    |
| Salo, Finland                                                                                                             | Finland                       | 09/Jul/2007                                |                                                                                                                    |

*Fill-in personal data in the pdf*

#### HOST DISTRICT and CLUB GUARANTEE

*Leave this box BLANK*

The Rotary District and Rotary Club, where specified within this section, will provide room and board in approved homes, invite the applicant to participate in Rotary club and district events and activities typical of our country, and provide guidance and supervision to assure the applicant's welfare. The host Rotary District agrees to provide adequate training for host parents and Youth Exchange volunteers and orientation for the student upon his/her arrival.

|                                                 |                   |                                       |                                           |
|-------------------------------------------------|-------------------|---------------------------------------|-------------------------------------------|
| Host Country                                    | Host District No. | Host Club Name                        | Host Club ID No.                          |
| Name of District Youth Exchange Chair           |                   | Name of Host Club President           | Name of Host Club Secretary /YEO          |
| E-mail Address of District Youth Exchange Chair |                   | E-mail Address of Host Club President | E-mail Address of Host Club Secretary/YEO |
| Signature of District Youth Exchange Chair      |                   | Signature of Host Club President      | Signature of Host Club Secretary/YEO      |
| Date                                            | Phone Number      | Date                                  | Phone Number                              |

#### CLUB COUNSELOR

*Leave this box BLANK*

|                       |                   |                     |                |         |
|-----------------------|-------------------|---------------------|----------------|---------|
| Name                  |                   |                     |                |         |
| Home Address – Street | Town/City         | Postal Code         | State/Province | Country |
| E-mail Address        | Home Phone number | Mobile Phone number |                |         |

#### HOST FAMILY

*Leave this box BLANK*

|                                   |                                                |                |              |
|-----------------------------------|------------------------------------------------|----------------|--------------|
| Name of Host Parent 1#            | Host Parent 1# E-mail Address                  | Business Phone | Mobile Phone |
| Name of Host Parent 2#            | Host Parent 2# E-mail Address                  | Business Phone | Mobile Phone |
| Host Family Home Address – Street | Town/City                                      | State/Province | Postal Code  |
| Home Phone Number                 | Names and Ages of any Other Adults in the Home |                |              |

