Application Form for Homestays in Saitama 2020

Name	
Classification of Applicant	☐Family of Athlete ☐Sports Organization Personnel ☐Press ☐Games Volunteer
Name of Affiliated Organization	
Sex/Nationality/Date of Birth	Sex: Nationality: Date of Birth:
Country of Departure	
Phone Number	
Emergency Contact (Cell Number)	
Email Address	
Number of Guests	Guests: Adult Male: Adult Female: Child 15 or Younger:
Number of Homestay Nights	
Homestay Start Date	
Sporting Event You Will Attend/Related Athlete's Name	Sporting Event You Will Attend: Related Athlete's Name:
Understood Languages	☐Japanese ☐English ☐Native Language Only
Food Restrictions	☐None ☐Beef ☐Pork ☐Chicken ☐Seafood ☐Dairy Products ☐Eggs ☐Beans ☐Alcohol ☐Other ( )
Are there any vegetarians among the participants?	☐Yes ☐No
Do you have an aversion or allergy to any animals?	☐No ☐Dogs ☐Cats ☐Birds ☐Other ( )
What is your religion?	☐Christian ☐Buddhist ☐Islam ☐Other ( ) ☐None/I prefer not to say
Are there any smokers among the participants?	☐Yes ☐No
Is it acceptable for member(s) of your host family smoke?	☐Yes ☐No If you answered "no," is it acceptable for your host family member(s) to smoke outside? ☐Yes ☐No
Additional Comments/Requests (Important information for the host family)	

1. Details of all other participants (excluding the applicant)
   ①Name ②Birthday ③Sex
   ④Country of Departure

	①Name	②Date of Birth	③Sex	④Country of Departure
1				
2				
3				

2. Arrival and Flight Details
   ①Arrival Date ②Airport
   ③Airline & Flight Number
   ④Arrival Time

①Arrival Date	②Airport	③Airline & Flight Number	④Arrival Time

Are you enrolled in overseas travelers' personal accident insurance? (If not, when do you plan to enroll?)	☐Yes ☐I plan to enroll prior to arriving in Japan (Planned enrollment date: Year Month)
I consent to my information being used for the purpose of enrollment in overseas traveler's personal accident insurance and host family matching. (Your information will be provided to: Saitama Prefectural Government, the Saitama International Association, your potential host family, and an insurance company.)	☐Yes ☐No

Identity Guarantor Please include the email address, full name, department, and committee/organization of an Identity Guarantor (person capable of confirming your identity) in the section to the right (excludes press-related personnel and Games volunteers) ※ The "Identity Guarantor" must be a member of the guest's affiliated Olympic/Paralympic committee or sports organization. (For family of athletes, the guarantor must be a member of the athlete's affiliated committee/organization.) ※After receiving your application, your ID will be confirmed with your Identity Guarantor, so please ensure you notify your Guarantor in advance.	Committee/Organization	
	Department	
	Name	
	Email Address	

※Press-related personnel must attach a copy of their identification provided by their affiliated press organization (employer).
※If you are a Games volunteer, please attach a copy of document which clearly proves you are an official Games volunteer.