	Applicant Name
(D) HOST CLUB AND DISTRICT GUARANTEE	
The Rotary Club of	Name of Club ID # District #
will provide room and board in approved homes, provide up to one year of study at the secondary school level, invite the applicant to participate in Rotary club and district events and activities typical of our country,	Club President Name Signature
and provide guidance and supervision to assure the applicant's welfare.  The host Rotary club will also give the applicant a monthly allowance in the amount of US\$ District agrees to ensure adequate training for host parents and Youth Exchange volunteers and orientation	
for the student upon his/her arrival.	E-mail
Club Secretary □ / YFO □ Name Signature	District Chair Name Signature
Date (e.g. 派遣学生用には記)	入しない
E-mail (E) HOST 来日学生の地	マ
Name /	四女只五位
City 作成	記入してくるので、
Home Pf	Set by the state of profession and the state of the state
(To be coi	この部分は白紙
country) I ne applicant will attend school from date of school start for one school year. Costs of tuition and activities not a part of the normal	Address — Street
curriculum must be paid by the applicant or his/her parents/guardians.	
Affix School's Stamp or Official Seal	City State/Province
	Postal Code Country
, ,	Phone Fax E-mail
Name of School Official Title/Position 5	Signature Date (e.g., 01/Jan/2006)
(G) FIRST HOST FAMILY (required)	
Name of Host Father Name of Host Mother	Name(s) and Ages of Other Adult(s) in Home
Address — Street	
City State/Province	e Postal Code Country
Home Phone Mobile Phone	Fax E-mail

**Student:** Please submit this form with the rest of the completed application to your local Rotary club or district.

Your information will be shared with Rotary International. It will only be used for official RI business and not sold to or shared with third parties, unless required by law to be released.

Rotary district/clubs: Please mail completed Guarantee Form to the address below.

Youth Exchange Rotary International One Rotary Center 1560 Sherman Avenue Evanston, IL 60201-3698 USA Applicant Name 来日学生名 印刷されてきます

## (D) HOST CLUB AND DISTRICT GUARANTEE

(D) HOST CLUB AND DISTRICT C	UAKAN	NIEE					
The Rotary Club of ホストロータリー	名		Name of Club		Club ID#	District #	
will provide room and board in approved homes, provide up to one year			ホストロータリー名			クラブNO	地区No
of study at the secondary school level, invite the applicant to participate		Club President Name		Signature			
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 club will also give the applicant a monthly allowance in			会長名				
			Date (e.g., 01/Jan/2006) Home P		Home Ph	Phone	
the amount of US\$ \(\frac{\pmathcal{Y}10, 000}{\pmathcal{Q}}\). District \(\frac{2760}{\pmathcal{Q}}\) agrees to ensure adequate training for host parents and Youth Exchange volunteers and orientation for the student upon his/her arrival.		記入月日年		会長自宅電話番号			
		E-mail	Eメールアドレス				
Club Secretary ☑ / YEO ☐ Name		Signature	District Chai	r Name	Signature	•	
クラブ幹事			地区で記	入します			
<b>Date</b> (e.g., 01/Jan/2006)	Н	ome Phone	Date (e.g., 01/Jan/2006)		Home Phone		
記入日月年(月は英語表)	斡	事自宅電話番号	地区で記	入します	地区で	記入します	
E-mail			E-mail	地区で記入します			

## (E) HOST CLUB COUNSELOR (required)

( ) ( - )					
Name	Address — Street	Address — Street			
ホストクラブカウンセラー名	トクラブカウンセラー名 住所(英語表記) 1-10-62、Minamigaoka、Chikusa、				
City	State/Province	Postal Code	Country		
Nagoya	Aichi	464-0042	JAPAN		
Home Phone	Mobile Phone	Fax	E-mail		
自宅電話番号 +81-52-xx··	カウンセラー携帯	カウンセラーFAX番号	E-メールアドレス		

## (F) SCHOOLING GUARANTEE

(F) SCHOOLING GUARANTEE							
		Name of School				Date School Starts	
(To be completed by the school the app country) The applicant will attend scho	学校名 (正式英文)				学校登校開始年月		
one school year. Costs of tuition and ac		Address — Street				of the normal Address — Street	
curriculum must be paid by the applica	nt or his/her parents/guardians.	学校住所	英語表記	1-10-62	2. Minan	nigaoka, Chikusa,	
Affix School's Stamp or Official Seal		City			State/Prov	vince	
		Nagoya			Aichi		
		Postal Code 0		Country			
		464-0042		JAPAN			
		Phone		Fax		E-mail	
		学校+81-5	2-xx	FAX		メールアドレス	
Name of School Official	Title/Position	Signature			Date (e.g.	, 01/Jan/2006)	
学校での役職	役職			·	記入日	<b>月年</b>	

## (G) FIRST HOST FAMILY (required)

(e) : me : nee : ramm= : (required)					
Name of Host Father	Name of Host Mother		Name(s) and Ages of Other Adult(s) in Home		
第1ホスト名 (父)	第1ホスト名(母) 同居人(成人)名及び年齢			名及び年齢	
Address — Street					
住所 英語表記 1-10-62、Minamogaoka, Chikusa,					
City	State/Prov	vince	Postal Code	Country	
Nagoya	Aichi		464-0042	JAPAN	
Home Phone	Mobile Phone	Fax		E-mail	
自宅電話番号+81-52-xx-・・	携帯電話番号	FAX +81	-52-722-5530	携帯電話番号	

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