



# Travel/Hosting Application Sister City Youth Exchange

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/ZIP:** \_\_\_\_\_

**Phone:** (     ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Year (circle):**                  Freshman                  Sophomore                  Junior                  Senior

If you have knowledge of the German language, how many years did you study? \_\_\_\_\_

**FATHER'S** name and occupation: \_\_\_\_\_

Contact information, if different: \_\_\_\_\_

Emergency contact information: \_\_\_\_\_

(i.e. cell phone, work phone) \_\_\_\_\_

**MOTHER'S** name and occupation \_\_\_\_\_

Contact information, if different: \_\_\_\_\_

Emergency contact information: \_\_\_\_\_

(i.e. cell phone, work phone) \_\_\_\_\_

**Brother(s)** name(s) and age(s): \_\_\_\_\_

**Sister(s)** name(s) and age(s): \_\_\_\_\_

Your hobbies/interests: \_\_\_\_\_

If you know your preferred host family / guest to host, please name that family/person: \_\_\_\_\_

**ATTACH**

**CURRENT**

**PHOTO**

**HERE**

(Or submit electronically)

**Medical Information**

Please list all current medical conditions or health history details: \_\_\_\_\_

\_\_\_\_\_

List generic names of medications taken: \_\_\_\_\_

\_\_\_\_\_

**References** Please provide us with the names and contact information of three non-family adults (teachers, guidance counselors, etc.) whom we may contact as references.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you hope to get out of participating in the Friends of Friedrichshafen youth exchange?

What do you think the people of Friedrichshafen should know about Peoria and our area?

Why do you think you would be a good representative of your city / state / country on this youth exchange?

**Send a completed application and \$250 deposit check (travel year only) to:  
Friends of Friedrichshafen  
4127 N. Stonewater  
Peoria, IL 61615**