

Travel/Hosting Application Sister City Youth Exchange

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|--|--------------------------------------|
| Address: | Current |
| City/Zip: | Photo |
| Student's Cell Phone: | Here |
| Student's Email: | |
| Date of Birth: | |
| School/Yr: | Fr So Jr Sr |
| Applicant's Hobbies/Interests: | |
| If you have knowledge of the German lang | guage, how many years did you study? |
| Mother's Name: | Occupation: |
| Mother's Address: | |
| Mother's Cell Phone: | Email: |
| Father's Name: | Occupation: |
| Father's Address: | |
| Father's Cell Phone: | Email: |
| | |
| In the event of an emergency, who should | we call first and at what number? |
| | |
| Brother(s) Names & Ages: | |
| Brother(s) Names & Ages: Sister(s) Names & Ages: | |
| Brother(s) Names & Ages: Sister(s) Names & Ages: | |

| How did you find out about the upcoming Youth Exchange? |
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| 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? |
| Mail completed application and \$250 deposit check (travel years only) to: Tim Roberts - Friends of Friedrichshafen 1926 W Geneva Rd Peoria, IL 61615 |
| Or mail check (travel years only) and email application with photo to: fofpeoria@gmail.com |
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