

## The International Youth Summer Camp 2005 Application Form

Submit Completed Application to:  
International Affairs Divisions, City of Okayama  
1-1-1 Daiku, Okayama-city, 700-8544, Japan  
Fax: 81-86-225-5408

Participant	Name :	
	Birthday :	Gender :
	Address :	
	Telephone Number :	
	Email Address :	
Emergency Contact	Name :	
	Relationship to participant (                    )	
	Address :	
	Telephone Number :	
Email Address :		
Please list any major illnesses you have had or any forms of sickness which you are prone to that our staff should know about.		
Please outline your current state of health, including any medications you may be taking on a regular basis.		
Please state any allergies you may have and your methods for controlling your allergies.		
Foods that you do not eat.	* Please circle any foods which you DO NOT eat.  ①Beef      ②Pork      ③Chicken      ④Fish  ⑤Other (                    )	

Since you will be abroad for an extended period of time, please be as specific as possible.