



Travel/Hosting Application – Sister City Youth Exchange

Exchange date:		Current photo here
First name, family name:		
Gender:	male: <input type="radio"/> female: <input type="radio"/>	
Street, number		
District (Teillort)		
ZIP/City		
Telephone/Fax:		
email address:		
Date of birth:		
School:		
Knowledge of English: (years of study)		
Parent's names:	Father:	
	Mother:	
Father's profession:		Company:
Mother's profession:		Company:
Parent's email address:		
Brothers and sisters: (Name/age)		
Pets:		
Hobbies:		
Did one of your family members already participate in the exchange? Year?		
If you know your preferred host family/guest to host, please name that family/person:		
Why do you want to participate in the youth exchange?		
Name 2 adult non-family members to be contacted as references:		
Name/phone number		
Date/signature of student and parents/legal guardian		

Send to: Elvira.hassler@gmx.de