

# FAX:096-359-5783

To: International Volunteer Work Camp Executive Committee (Secretariat)  
 TEL 096-359-2121 E-mail [pj-info@kumamoto-if.or.jp](mailto:pj-info@kumamoto-if.or.jp)  
The 21<sup>st</sup> International Volunteer Work Camp in ASO Application Form

I hereby apply for the event mentioned herein, upon agreeing to my personal data being used by the accommodation facility; to provide the participant with insurance for the duration of the camp; for the photos taken of me being used in the report issued after the camp has ended; that in an unlikely event of having been involved in an accident on the site or having been injured during the camp, the participant will be reimbursed within the scope of the insurance provided by the organizer.

Full name	(Romaji)	(Romaji)	Sex
	First name	Last name	Male · Female
	Nationality	(                      years old)	
	Food restrictions	No · Yes ※In case of food restrictions please see the note below	
Affiliation	School/Faculty	Year	
Address (Contact details)	〒 (Cellphone number) (E-mail) ※Please write it in a manner that is easy to read		
Emergency contact (residing in Japan)	Full name: Relationship: Phone number:		
Subcommittee of choice Please refer to the contents of each subcommittees that can be found in a file "Subcommittees welcoming messages" ※Please fill out all 3 choices as we might not be able to accommodate the first choice			
1 <sup>st</sup> choice		2 <sup>nd</sup> choice	3 <sup>rd</sup> choice
Notes	※You can use this space to elaborate on what are your expectations about the camp		

To be filled out by Secretariat
---------------------------------

\*The information provided in the application form is protected under strictly enforced privacy policy and is not disclosed to any third parties apart from the accommodation facility (National ASO Youth Friendship Center) and the insurance provider when necessary.  
 ※In case of any food restrictions you may be contacted directly by the accommodation facility.