

2/1/19

**MICHIGAN-SHIGA SISTER STATE PROGRAM**  
**GOODWILL MISSION TO SHIGA, JAPAN**  
**AUGUST 14 – AUGUST 24, 2019**  
**Registration Form for 2019 Goodwill Mission**

To ensure proper enrollment, please **PRINT LEGIBLY** and complete all information. Use one form for each participant.

Name: \_\_\_\_\_  
Last First Middle Name (Nickname)

Address: \_\_\_\_\_  
Street City State ZIP Code

Phone: \_\_\_\_\_  
Home Work Cell

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

If retired, what was your previous occupation? \_\_\_\_\_

Age \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Marital Status: \_\_\_\_\_

Special Health Considerations: Allergies/Diet Restrictions/Physical Limitations/Other Concerns

\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

Health Insurance Company and Policy Number: \_\_\_\_\_

Emergency Contact in USA: \_\_\_\_\_

Name

Phone

1. Do you smoke? Yes \_\_\_ No \_\_\_
2. Is it all right if a member of your host family smokes? Yes \_\_\_ No \_\_\_
3. If you smoke, can you refrain from smoking in your host family's home? Yes \_\_\_ No \_\_\_
4. Are you allergic to pets (animals)? Yes \_\_\_ No \_\_\_ If so, which pets?  
\_\_\_\_\_
5. Do you mind if your host family has a pet in the house? Yes \_\_\_ No \_\_\_ If so, which pets?  
\_\_\_\_\_
6. Japanese language skills: None \_\_\_ Limited \_\_\_ Conversational \_\_\_
7. Previous participation in Goodwill Mission: Yes \_\_\_ No \_\_\_ Year(s): \_\_\_\_\_
8. Previous travel to Japan: Yes \_\_\_ No \_\_\_ Where \_\_\_\_\_
9. Other international travel: Yes \_\_\_ No \_\_\_ If so, where  
\_\_\_\_\_

**RETURN THIS FORM TO GOODWILL MISSION COORDINATOR**  
**BOX 4715 EAST LANSING, MICHIGAN 48826**  
**OR E-MAIL TO MARILYN500@AOL.COM**

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10. Hosted Previous Shiga Guests: Yes \_\_\_ No \_\_\_ Year(s): \_\_\_\_\_

11. Special Interests/Hobbies: \_\_\_\_\_

12. Do you plan to make your own arrangements for private home stay with family or friends in Shiga?

Yes\_\_\_ No\_\_\_ If yes, please provide contact information here, so Michigan/Shiga Program officials will know where to contact you and will not make unnecessary host family arrangements.

I plan to stay with:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

13. Are you interested in extending your trip with optional travel at the end of the Goodwill Mission?

Yes\_\_\_ No\_\_\_ (Travel suggestions, but not limited to: Tokyo, Hiroshima, and Hokkaido. Extended travel must be arranged **BEFORE** June 1, 2019 to avoid penalty.)

14. Are you traveling with a friend/relative? Yes \_\_\_ No\_\_\_

15. Do you and your friend/relative prefer to stay together with your host family? Yes\_\_\_ No\_\_\_

16. Name and Relationship of friend or relative: \_\_\_\_\_

17. Specify room preference for hotel:

*Standard hotel room rates are based on Single Occupancy (other room rates may be higher)*

Single (1 person/1 bed) \_\_\_; Double (2 persons/1 bed) \_\_\_; Twin (2 persons/2 beds) \_\_\_

18. US Citizenship: Yes \_\_\_ No\_\_\_

Name as it appears on your **PASSPORT**: \_\_\_\_\_

**Valid US Passport #** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

*Please provide your passport number no later than June 1, 2019. You are responsible for obtaining your passport. Current passports should be valid for your entire stay in Japan.*

*No visas or immunizations are required.*

19. Airline Frequent Flyer Number (for accrual only), if available \_\_\_\_\_

DELTA Frequent Flyer Number

**\*\*Saturday, June 1: Goodwill Mission Orientation: 11am -3pm, lunch included. Lansing location TBD.**

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**WAIVER OF LIABILITY AND CANCELLATION CLAUSE**

**No Liability:** The Michigan-Shiga Goodwill Mission 2019 and the Michigan-Shiga Sister State Board (collectively, "Travel Program"), is not liable for any losses incurred by delegates including but not limited to: personal injury, property damage, and cancellations. The delegate waives any and all claims, known or unknown against the Travel Program, its agents and employees.

**Cancellations:** All travel arrangements are subject to change or cancellation by the Travel Program at any time, with or without notice and with or without cause. In the event of a cancellation, the travel agency's cancellation policy takes effect. The Travel Program reserves the right to exclude any delegate from the program at any time, with or without notice and with or without cause. In the event of such exclusion, the delegate is subject to the terms and conditions of the travel agency's cancellation clause.

**Cancellations by Delegate:** In the event of a cancellation by the delegate, the delegate assumes all responsibility for all airline cancellation fees, and any and all other costs or losses incurred by the delegate, the Travel Program, or both.

**Airline Carrier:** The contract in use by the airline carrier shall be the sole and exclusive agreement between the delegate, the airline, and the Travel Program. Services provided and tickets issued by the airline carrier are subject to the liability provisions established by commercial treaty in the Warsaw Convention and the terms and conditions of this agreement.

**PAYMENT SCHEDULE**

April 1, 2019	\$200	Deposit & application; Refundable until May 1, 2019
June 1, 2019	\$1,600 Due &	<b>Copy of Passport for travel agent to hold seats</b>
July 1, 2019	\$1,100 Due	Hotels, ground travel, meals, entrance fees

*\*\*Due to the uncertainty of the yen and fuel costs, we may experience price changes.*

- 1. Make checks payable to: Michigan-Shiga Sister-State Board**
- 2. Credit cards may be used for \$1600 Delta Air fee with 3%fee.**
- 3. July \$1,100 ground package can be paid by check.**

I understand and agree to the above terms.

Delegate Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check # \_\_\_\_\_ Check Amount \_\_\_\_\_

*In order to hold your place in the delegation, return the upper portion with your \$200 deposit by April 1, 2019*

*If you have questions, contact your local Sister-City Representative or Marilyn Schlieff: 517-410-7400.*