

**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 _____

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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 & Copy of Passport for travel agent to hold seats	
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.