



Friendship Summer Youth Program

August 5 – August 9, 2024 (tentative)
Pasadena, California

Application Form

Name: _____ Birth date: _____

Parent's Name: _____

Address: _____

Home phone: _____ E-mail: _____

Current school: _____ Grade level: _____

Do you speak Japanese? Yes No

Would you like to host a student at your home next year? Yes No

Is your family a member of the Pasadena Sister Cities Committee? Yes No

On a separate sheet of paper, briefly let us know why you are interested in participating in this program? Are you interested in learning the Japanese culture or language? What is your motivation to be part of an international exchange program?

Student Signature: _____ Date: _____

Printed Name: _____

Parent's signature: _____ Date: _____

Printed Name: _____

Please forward your application to: Bryan Takeda, 615 Willowbrook Cir, Monrovia, CA 91016 or email to affinity2000@earthlink.net.

Please forward any questions to Bryan Takeda at affinity2000@earthlink.net.