

Application for Foreigners Monitoring Tour

FEBRUARY 19.2017(Sun)

Apply to / FAX : 0138-22-0660

Contact / E-mail : saito@hif.or.jp

Name	(Please write in block letters)	(If you have 漢字 name, write in here)
	Name(Katakana)	
Occupation		
Age/Gender	Age _____ years old	(Circle One) Gender : Male · Female
Address	〒 _____	
Contact	TEL : _____	E-mail : _____
Nationality and Hometown	(e.g. : California, USA) (例 : 中国 : 福建省)	
Length of Stay in Japan	It's been _____ years since I came to Japan.	
Japanese Level	* Japanese Speaking (Circle one.) 1.Native or near-native 2.Business 3.Daily conversation 4.Poor 5.None * Japanese Listening (Circle one.) 1.Native or near-native 2.Business 3.Daily conversation 4.Poor 5.None * English Proficiency (Circle one.) 1.Native or near-native 2.Business 3.Daily conversation 4.Poor 5.None	
Mother Language		
Other language(s) which you can speak :		

- ◆ Is there anything you cannot eat? Yes No
 - If yes, to indicate the reason, please put × for Religion or Health, please put △for dislike
 - Beef () Chicken () Pork () Mutton () Raw fish ()
 - Grilled fish () Shellfish() Milk () Shrimp/Crab ()
 - Others (Please specify)
- ◆ What is your religion? :
- ◆ Do you have any routine you do for your religion? Yes No
 - If yes , please provide details. (e.g., prayers, customs, food restriction, etc.)
- ◆ Do you have any health problems or physical restrictions?Yes No
 - If yes , please provide details. (e.g., illness, cigarettes, animal or food allergy, etc.)