



**Get Together In Tokushima 2015**

**August 3th-13th 2015**

## **APPLICATION FORM**

Passport size

photo

(4 cm x 6 cm)

*Please fill out in block capital letters and  
note that all the fields are mandatory.  
Incomplete applications will not be taken into account.  
Please (✓) tick the most appropriate answer when asked.*

### **Personal Information**

Full name :

Sex : Male/ Female ..... Years old

Place/Date of birth :

Address :

Phone (home& mobile) : (Home) + ( ) .....  
(Mobile) + ( ) .....

Email address :

Nationality :

Passport number : ..... Validity Date : .....

(Incase of have no pasport, please contact KKIH Office to help you)

### **Emergency Contact to Your Family:**

Relationship to applicant : Father/ Mother/ Others

Name :

Phone : (Home) + ( ) .....  
(Mobile) + ( ) .....

E-mail :

Address :



## APPLICATION FORM

### RELEGION & FOODS

Relegion :

Please list any food you cannot eat :

Please describe your personality:

Please describe your hobbies and interest:

### English Language Proficiency \*:

Reading : ☐ Poor † ☐ Good † ☐ Excellent

Listening : ☐ Poor † ☐ Good † ☐ Excellent

Speaking : ☐ Poor † ☐ Good † ☐ Excellent

Writing : † ☐ Poor † ☐ Good † ☐ Excellent

### Your T-Shirts Size :

☐ (S) Small    ☐ (M) Medium    ☐ (L) Large    ☐ (XL) Extra Large    ☐ (XXL) Extra E.Large

\* Please Tick ( v ) one

Yogyakarta,.....

Applicant,

(.....)



### NOTICE BY SCHOOL MAJOR

**Education Background :**

School Major :

Strata ( D3, D4, S1, S2) :

Year of Enrollment :

Name of the Head Faculty/ Major \_\_\_\_\_

Phone number: TEL \_\_\_\_\_ Mobile<sup>a</sup> \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_

Yogyakarta, .....

Name of the Head Faculty/ Major

(.....)



## APPLICATION FORM

**DEPARTURE/ ARRIVAL INFORMATION : \* Please complete this information after your students candidate have been selected.**

Departure Date:	DD	MM	YYYY	Depart. Time :	:	<input type="checkbox"/> AM : <input type="checkbox"/> PM
Flight No :				Departing Airport		
Arrival Date :	DD	MM	MM	Arival Time	:	<input type="checkbox"/> AM : <input type="checkbox"/> PM
Flight No :				Arrival Airport		
Arrival time in Yogyakarta (Expected):						

City, Date of the above diagnosis (DD/MM/YY)

\_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_

(\_\_\_\_\_)

Signature and name of Student