



Sister City Exchange Program

HOMESTAY APPLICATION FORM

Family last name: _____

First names of everyone living in the residence from March 18 - 24:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Relationship to the above:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Home address: _____

Family contact phone number: _____

Parent/Family email address: _____

Youth email address: _____

Can you offer individual sleeping arrangements for two Karuizawa youth for a minimum of 2 nights, Monday March 18 – Sunday March 24? ☐ YES ☐ NO

Will a minimal of one parent be present for the duration of the Homestay, March 18 – March 24?

☐ YES ☐ NO

Where will the Karuizawa youth stay (family room, bedroom, suite):

How will the Karuizawa youth feel welcomed and a part of your family while they are in your home?

What hosting qualities does your family have?

Do you have any pets?

☐ YES ☐ NO

Type/how many?: _____

Submit the Program Application & Homestay Application to:

snicoll-russell@whistler.ca

Or drop off to the Meadow Park Sports Centre in a sealed envelope:

Attention Stephanie Nicoll-Russell

All applications must be received by 8am, Monday January 29

Late applications are not accepted