**2025年　第19回国際青少年キャンプinリンデン参加申込書**

Application for The 2025 19th International youth camp in Linden

写真

パスポート

サイズ

(縦4.5×横3.5)

私は、2025年 第19回国際青少年キャンプinリンデンの開催要項を理解の上、

参加を希望します。

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| （ふりがな） |  | | | 国籍 | | | 生年月日 | | | 平成　　年　　月　　日 | | | | |
| 氏　　名 |  | | |  | | | Date of birth | | | ／　　　／ | | | | |
| Name（ローマ字） | ＊パスポート記載時と同様 | | | nationality | | | 性別 | | |  | | | 年齢・Age | |
|  | | | Sex | | |  | | |  | |
| 住　　所 | 〒 | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | |
| 電話番号  Phone number | 自宅・Home | | | | | 本人携帯・the person himself/herself Cell | | | | | | | | |
|  | | | | |  | | | | | | | | |
| ＊緊急連絡先　　保護者携帯  parents and guardians Cell | | | 保護者氏名  parents and guardians（続柄／relationship） | | | | | | | | | | |
|  | | | （ 　 ／　　　　） | | | | | | | | | | |
| メールアドレス  E-mail address | 本人携帯アドレス・the person himself/herself | | | | |  | | | | | | | | |
| ＊緊急連絡先　保護者携帯ｱﾄﾞﾚｽparents and guardians | | | 保護者氏名  parents and guardians（続柄／relationship） | | | | | | | | | | |
|  | | | （ 　 ／　　　　） | | | | | | | | | | |
| 学校名・勤務先 |  | | | | | | | | | | | 学年・School year | | |
| School・Work place |  | | | | | | | | | | |  | | |
| 趣味・特技 |  | | | | | | | | | | | | | |
| Interest and Speciality |  | | | | | | | | | | | | | |
| 健康状態  Health condition | アレルギー | | 食事制限 | | | | | | 特別な注意を必要とする病気 | | | | | |
| 有（　　　　　　）・無 | | 有（　　　　　　　）・無 | | | | | | 有（　　　　　　　　）・無 | | | | | |
| Allergy | | Dietary restrictions | | | | | | Illnesses that request special attention | | | | | |
| I have（　　　　）・No | | I have（　　　　　）・No | | | | | | I have（　　　　　　）・No | | | | | |
| 家族構成  Family | 名 | Name | | 続柄 | relationship | | | 年齢・Age | | | 職 業 | | | Jobs |
|  |  | |  |  | | |  | | |  | | |  |

（裏面へ）

※国際青少年キャンプinリンデンでやってみたいことについて、300文字程度でご記入ください。

（日本語・横書き）

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（上記を英語で表現してください。）

※保護者記入欄

2025年第19回国際青少年キャンプinリンデン開催要項に同意し、参加申し込みをすることを承諾いたします。

保護者　　住　所

　　　　　氏　名