



3010 77th Ave SE  
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# Host Family Information Sheet

Local Session:

Host Name	Last Name:	First Name:		
Address				
Phone	Home Phone:	FAX:		
	Cell Phone:	Other:		
Email	@			
Hobbies/Interests				
Pets				
Do you and / or any of your family members smoke?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, do you smoke inside the house	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Can you accommodate smokers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes, but would prefer not to	
Do you or any of your family members speak Japanese?	<input type="checkbox"/> Yes, with fluency	<input type="checkbox"/> Yes, but limited	<input type="checkbox"/> No	
Do you or any of your family members have dietary restrictions or allergies that guests should be aware of?				
Are you able to accommodate dietary restrictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes, but would prefer not to	
What age range are you able to accommodate?	<input type="checkbox"/> 0-6 yo	<input type="checkbox"/> 7-12 yo	<input type="checkbox"/> 13-17 yo	<input type="checkbox"/> 18+ yo
<small>*Most guests will be adults, but some may come as families with children. Please understand that we may not be able to meet your specifications.</small>	Other, please specify: _____			
Please List Your Family Members (including yourself)				
Name	Relationship	Age	Sex	Occupation
Please note anything you would especially want participants to note about you and /or your family (Notes / Special Needs):				

