留学生地域交流活動申込票 (英語)

申請日: 2012年10月22日

Group Name	Wakasa Gakuen Unified School	contact		X: 0858-82-1221 X: 0858-82-1072
Contact Person	Kazuyo Watanabe		E-r	mail : wakasa-e@mailk.torikyo.ed.jp
Place	Along the main road in Tottori University Campus			
Preferred Date	① November 8 t h (Thu.) \sim month day () (Time) $9:45$ $\sim 11:00$ (Total 1 h. and 15min.)			
	2 month day () ~	month day ()
	(Time) :		~	: (Total hours)
Number of participant	A lot		Exchange	A short conversation in English with 5 th , 6 th or 7 th graders(About 5~10 minutes)
Language	English			1)Self introduction of kids
Preferred Country	None Yes ()	Contents	2)Asking about you(your country, hobby, etc.)
Reward	None Yes		Ot	If you could spare a few minutes, please come and talk with us.
Transportation Expenses	None Yes (y Transportation service is avail	ren) lable	Other Requests	
Meal	None Yes ()		
Application Period	Please come to see us at the preferred date.			

Please apply to International Affairs Division.