

HOST FAMILY APPLICATION



Date
Name:

Last

First

Address – Street

City

State

Zip Code

Home Tel.

Work Tel.

Fax

Emergency Tel.

Occupation

Email Address

Please list all people in the family (living at the home or away) and any other persons or family member's living in the household during the program. List additional people on the back of form.

Name _____ Gender _____ Age _____ Relationship _____ Home / Away

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Have you hosted before? Yes No

From what countries? _____

How many bedrooms do you have available? _____

Type of Home: House Condo Apartment

Is smoking allowed? Yes No

List family interests and hobbies: _____

List the number and type of pets: _____

Would you prefer to host: Male Female No preference

Please provide two names and telephone numbers for two local references:

Please read and sign below:

Each of the undersigned agrees to hold Scarlett Homestay Services, Agents, Schools, and employees, harmless from any claim by him or her for losses, costs, expenses, damages, and injuries to person or any property, whether direct or consequential, arising in anyway out the housing arrangement described in this agreement and any activity related to such housing.

Name Relationship Home phone / Work phone

Name Relationship Home phone / Work phone

Host parent signature

Date

Please fill out and send to:

P.O. Box 153523
San Diego, CA 92195
Phone & Fax: (619) 501-4170
Email: Daisy0562@yahoo.com