

Application Form for Workshops Kawashima Textile School

Please fill in with block letters.

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|--|--|
| Personal Details | First name: _____ Middle name: _____ Last name: _____ Nationality: _____ |
| | *Please write your name as it appears on your passport. Date of birth (YY/MM/DD): _____ Male / Female _____ |
| Contact Information | Address: _____ |
| | Country: _____ |
| | Tel: _____ e-mail: _____ |
| | Permanent/ Home address: _____ |
| Emergency Contact Information (Primary) | First name: _____ Last name: _____ Relationship: _____ |
| | Address: _____ |
| | Country: _____ |
| | Tel: _____ e-mail: _____ |
| Emergency Contact Information (Secondary) | First name: _____ Last name: _____ Relationship: _____ |
| | Address: _____ |
| | Country: _____ |
| | Tel: _____ e-mail: _____ |
| Studies at KTS | Workshop(s) you are applying for: <input type="checkbox"/> Shifu Weaving <input type="checkbox"/> Natural Dyeing |
| | Prior weaving experience (please check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Weaving <input type="checkbox"/> Warping <input type="checkbox"/> Setting up a floor loom <input type="checkbox"/> Reading a draft <input type="checkbox"/> Thread dyeing |

Date: _____

Signature: _____

Meals and Accommodation *Prices do not include tax.

Please fill in with block letters.

| | |
|----------------------|---|
| Meals | <input type="checkbox"/> Breakfast / 300 yen <input type="checkbox"/> Lunch / 500 yen <input type="checkbox"/> Dinner / 500 yen |
| | Please check: <input type="checkbox"/> no food restrictions <input type="checkbox"/> religious restrictions <input type="checkbox"/> allergies <input type="checkbox"/> other *Please note that although we do our best, we cannot always guarantee we will be able to meet all dietary requests. |
| | Please check any items you CAN NOT eat: <input type="checkbox"/> beef <input type="checkbox"/> pork <input type="checkbox"/> chicken <input type="checkbox"/> meat broth <input type="checkbox"/> fish <input type="checkbox"/> fish broth <input type="checkbox"/> wheat <input type="checkbox"/> buckwheat (soba) <input type="checkbox"/> eggs <input type="checkbox"/> milk <input type="checkbox"/> peanuts <input type="checkbox"/> shellfish <input type="checkbox"/> other (please list below) |
| | Please describe your food restrictions/allergies (please be specific): |
| Health | Please describe your health conditions, emergency medical information and instructions which are important to your immediate care (allergies, medications, etc.) if necessary: |
| Accommodation | Preferred room type: *We cannot guarantee that you will be offered your first preference, but we will do our best to accommodate your request. |
| | <input type="checkbox"/> Room with bathroom and toilet 6,000 yen/night <input type="checkbox"/> Room without bathroom or toilet 4,300 yen/night |
| | Check in date Shifu Weaving: Feb 25 (Mon) Natural Dyeing: Mar. 3 (Sun) |
| | Check out date *Please inquire if you would like to check out on another date. Shifu Weaving: Mar. 3 (Sun) Natural Dyeing: Mar. 7 (Thu) |

Date: _____

Signature: _____