

# Application Form for Workshops Kawashima Textile School

Please fill in with block letters.

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"/> wheat <input type="checkbox"/> other (please list below) <input type="checkbox"/> pork <input type="checkbox"/> buckwheat (soba) <input type="checkbox"/> chicken <input type="checkbox"/> eggs <input type="checkbox"/> meat broth <input type="checkbox"/> milk <input type="checkbox"/> fish <input type="checkbox"/> peanuts <input type="checkbox"/> fish broth <input type="checkbox"/> shellfish
	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 (Seminar House) 6,000 yen/night <input type="checkbox"/> Room without bathroom or toilet 4,300 yen/night
	Check in date
	Check out date

Date: \_\_\_\_\_

Signature: \_\_\_\_\_