

# IPYA Host Family Application



## Family Name

Adult #1 First Name

Adult #1 Age

Adult #2 First Name

Adult #2 Age

Child #1 Name (living at home)

Child #1 Age

Child #2 Name (living at home)

Child #2 Age

Child #3 Name (living at home)

Child #3 Age

Child #4 Name (living at home)

Child #4 Age

## Address

City

State

Zip Code

Adult #1 Phone

Adult #2 Phone

E-mail Adult #1

E-mail Adult #2

Location of home

Type of home

Smoking Allowed?

City

Single family

Smoking home

Suburban

Apartment

Non-smoking

Small Town

Condominium

home

Rural Non-farm

Other

Smoking

Farm/Ranch

forbidden

Do you go to church regularly?

Do you expect your delegate to go to church?

Yes

No

Yes

No

What are your expectations for hosting?

Are there any specific things you will require of your delegate, i.e., daily chores?

Are there any events you anticipate attending that your delegate would also attend? If so, please explain.

What are some of your family interests?

Is there anything else you would like your delegate to know about you or your family?

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Today's Date

Signature