## Japanese Speech Contest Entry Form

Please fill out this application form and return it to your Japanese language instructor. If you are currently taking Japanese class(es), please ask your instructor to fill out the  $2^{nd}$  page of this form.

Student's Name							
(English)	·						
(Japanese)	First	Last					
* Please write student's name in <u>Katakana</u>							
Division	First	Last					
(Circle one)	Division 1	Division 2	Di	Division 3			
Contact Phone Number	:	Αç	Age:				
	(Area Code)	Number	(as of April 1st)				
Email Address	:						
School Name	:						
Japanese Instructo	r's Name :						
	First	Last					
Q 1. Have you e	ver been to Japan?		YES	NO			
If you answe	YES, please indicate WHEN, WHE	ERE, HOW LONG and the PURPO	SE of your visit:				
When:							
Where:	How Long:						
Purpose of your vi	sit:						
			\( = 0				
	ever attended an immersion p		YES	NO			
If you answer	YES, please indicate WHAT PROC	GRAM, WHEN and HOW LONG y	ou attended:				
Program's Name:							
When:							
How Long:							

Q 3. Is (Are) your	paren	t(s) Japanese?					YES		NO
If you answ	er YES	s, do you speak Japane	se with	her/hir	n at ho	me?	YES	8	NO
Any other expe	erience r	elating to Japan: For exampl	e: Hosted	l Japane	ese exc	hange s	tudents,	study Ka	rate, etc.
	re a se	g Japanese Class(es) If-learner, please have t be accepted:							
Name of Student	:								
Name of Instructor (Self-learner's guardian)	:	First			L	_ast			
,		First			L	ast			
Name of School	:								
School Address	:	_							
Instructor or guardian's email address	:	Street			Ci	ty		State	e Zip
Total number of	studer	nts who are learning Jar	panese	at you	r scho	ol :			
Student's total years of Japanese study :					Yea	rs	Months		
		Student's grade :	6G	7G	8G	9G	10G	11G	12G
Signature of Instruc	tor:								
(Self-learner's guard signature)	dian's								
	<u>Signature</u>					Date			

Please make sure that the entry form is complete, and <u>all forms must be received</u> by our office no later than April 4th.

Attn: Japanese Speech Contest Consular Office of Japan 1300 S.W. Fifth Avenue, Suite 2700 Portland, Oregon 97201 Email: bunkaportland@se.mofa.go.jp