

To Aso Roadside Station

Application form

I am going to apply to participate for this.

*Please note that any accident, trouble can be remedied within the condition of the insurance covered, and no more guaranteed .

*Could you consent to publish your photograph to our website? Yes • No

We shall comply with laws, ordinances, national guidelines and regulations in regards to handling personal information.

Family name Please write in print			Nationality		
Address	〒		Length of Stay in Japan	From :	To :
Contact	Tel		Fax :		
			Email :		
①First name Please write in print			②First name Please write in print		
Age/Sex	Age : _____ years old	Sex :	Age/Sex	Age : _____ years old	Sex :
Japanease Level	1 . Fluent speaker 2 . Speak a little 3 . Can't speak 4 .Other Languages()		Japanease Level	1 . Fluent speaker 2 . Speak a little 3 . Can't speak 4 .Other Languages()	
③First name Please write in print			④First name Please write in print		
Age/Sex	Age : _____ years old	Sex :	Age/Sex	Age : _____ years old	Sex :
Japanease Level	1 . Fluent speaker 2 . Speak a little 3 . Can't speak 4 .Other Languages()		Japanease Level	1 . Fluent speaker 2 . Speak a little 3 . Can't speak 4 .Other Languages()	

* Cancellation must be notified 2 days in advance.

Contact : **Aso Roadside Station**

(Aso Denen Kukan Hakubustukan) **ASO田園空間博物館**

Apply to / Fax : 0967-35-5085 Tel : 090-5286-8496

Address : 1440-1 Kurokawa, Aso city, Kumamoto

Mail : denku-saruta@aso-denku.jp

Next to the Aso station.

Speak English : Fujimoto , Sakai

Speak Chinese : Oshima

Most staff can't speak English.