

Chernobyl Children's Project
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RETURNEE HOST FAMILY APPLICATION

**PLEASE COMPLETE THE FOLLOWING, AND MAIL IT TO THE ABOVE ADDRESS
ALONG WITH A \$125 DEPOSIT.**

NAME _____ DL# _____

NAME _____ DL# _____

ADDRESS _____

CITY _____ ZIP _____

HOME PHONE: _____ WORK PHONE: _____ EMAIL: _____

IF YOU HAVE CHILDREN LIVING AT HOME, PLEASE LIST THEIR NAMES AND AGES:

NAME	AGE
_____	_____
_____	_____
_____	_____

NAME OF BELARUSIAN CHILD: _____

DATE OF BIRTH: _____ MALE FEMALE

CHILD'S ADDRESS:

CHILD'S PHONE NUMBER: _____ YEAR OF FIRST VISIT _____

HOW MANY SUBSEQUENT VISITS? _____ HAVE YOU BEEN IN TOUCH WITH THIS CHILD? YES NO

IF YES, DESCRIBE:

WE UNDERSTAND THAT, IF OUR BELARUSIAN CHILD RETURNS, WE WILL BE RESPONSIBLE FOR ALL COSTS INCURRED INCLUDING BUT NOT LIMITED TO TRANSPORTATION COSTS FROM AND RETURNING TO BELARUS, MEDICAL INSURANCE AND LIVING EXPENSES WHILE THE CHILD IS IN OUR HOME.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____