



**Nacel Open Door**  
380 Jackson St., Ste. 200  
St. Paul, MN 55101 USA  
Tel. 800-622-3553 Fax: 651-686-9601  
www.nacelopendoor.org

I/we, \_\_\_\_\_, hosting \_\_\_\_\_,  
(Host Family Name – please print) (Student Name(s) – please print)  
hereby acknowledge that I/we have attended an orientation/informational  
meeting, held on \_\_\_\_\_,  
(date of orientation)  
in \_\_\_\_\_, \_\_\_\_\_, USA.  
(city) (state)

\_\_\_\_\_  
Host Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Host Parent's Signature

\_\_\_\_\_  
Date