

EMERGENCY CONTACT

If there is an emergency and we are unable to contact a host family member, whom should we call?

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel.(day): _____ Tel.(eve.): _____

CONFIRMATION OF VISIT

To the best of our knowledge, all information given to Nacel Open Door is correct and true. The NOD representative visited our home and explained the hosting programs to us. We hereby agree, if accepted, to make our NOD exchange student part of our family and to provide them with room, board and companionship.

Signatures: Host Parent: _____ Date: _____

Host Parent: _____ Date: _____

Hosting Coordinator: _____ Date: _____

Please send a copy to STP Director