年　　月　　日

（宛先）旭川市長

旭川市青少年平和大使派遣事業参加申込書

　私は，旭川市青少年平和大使派遣事業に参加することを希望するので，申込みをします。

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| ふりがな |  | | 性別 | □　男  □　女 |
| 氏名 |  | |
| 生年月日 | 年　　　月　　　日  　　　　　　　　（　　　　歳） | 学校名  及び学年 | 中学校  年 | |
| 現住所 | 〒 | | | |
| 電話番号 | 〔自宅〕 |  | | |
| 〔緊急連絡先〕 | （続柄） | | |
| 健康上の留意点 | （保護者記入）例：食物アレルギー（りんご等バラ科）など | | | |

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| 旭川市青少年平和大使募集要項の内容を理解し，上記の者が旭川市青少年平和大使派遣事業参加の申込みをすることに同意します。  住所  保護者名  名前 |

※申込書の個人情報は，適正かつ厳格に管理し，本事業目的以外には利用しません。また，旅行会社が参加者の個人情報を利用しますので，あらかじめ同意の上，お申込みください。

作文用紙

あなたが今回，この事業に応募した理由や，平和大使に選定された場合にどんな活動を

したいかなどを具体的に書いてください。（横書き，６００字以内）

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