

This form is for the use of STA members only.

Date of Application _____

Application Form for Akane Festa

◆Applicant information

Mr. / Mrs. / Ms. Name / 氏名: _____

Membership Number / 会員番号 :

--	--	--	--	--	--	--	--

Address / 住所 : _____

Country: _____

Tel : _____ E-mail: _____

◆Please check the box(es) you would like to apply for.

Fill in the boxes in bold if necessary. The applicant must be a STA fully-paid member

Check box	Event	Number of participants	submission due date	Fee	Total Fee
<input type="checkbox"/>	Celebration Ikebana	/	January 13 th 2020	Free	/
*When application exceeds the number of place, a lottery draw will be held.					
<input type="checkbox"/>	Celebration Video	/	January 13 th 2020	Free	/
<input type="checkbox"/>	Celebration Picture	/	January 13 th 2020	Free	/
<input type="checkbox"/>	Celebration Gathering	A	February 10 th 2020	3,000 JPY@ person *over 3 yrs old	A × 3,000JPY
*Anyone can participate and STA members are welcome to bring family or friends.					
<input type="checkbox"/>	the language assistant (English or Chinese)	same as A *charged by person	February 10 th 2020	1,000 JPY@ person	A × 1,000JPY
Total Fee					Please add two columns above

For those who apply for Celebration Gathering, please fill in the card information below.

Credit Card / カードの種類 : VISA MASTER

Credit Card Account Number / カード番号 :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date / 有効期限 : Month / 月

--	--

 Year / 年

--	--

Card Holder's Name (printed name) / カード名義人 : _____

Signature of the Card Holder / カード名義人署名 : _____

Please return this form to: Overseas Affairs Department: overseas@sogetsu.or.jp

7-2-21 Akasaka, Minato-ku, Tokyo 107-8505, JAPAN / Phone: 81-3-3408-1151 FAX: 81-3-3405-4947

Office Only (do not fill this out) / 草月会記入欄

用紙受付日 : _____ 承認番号 : _____ 承認取得日 : _____