



**Required
Attach
Your Teen
Photo Here**

U.S. Host Application for DuPage Ulster Project

_____	_____	_____	_____
Name of Host Teenager	Name you go by or Nickname	Home Phone#	
_____	_____	_____	_____
Street Address	City	State	Zip
_____	_____	_____	_____
Father's Name	Occupation	Work Phone#	Cell Phone#
_____	_____	_____	_____
Mother's Name	Occupation	Work Phone#	Cell Phone#
_____	_____	_____	_____
Teen E-mail Address: _____		Parent E-mail Address: _____	

Please list all children (and others – i.e. Aunts, Uncles, Grandparents) living in the household from oldest to youngest:

<u>Name</u>	<u>Age</u>	<u>Gender</u>	<u>Grade</u>	<u>School</u>

Religious Affiliation of your family:

_____ Protestant _____ Catholic _____ Other _____

Name and address of Family Church if applicable:

Does anyone in your household smoke? _____ Yes _____ No If Yes: _____ Parent(s) _____ Host teen _____ Other

*** (You should be aware, that no teens, are not allowed to smoke at any Ulster Project function, and are required to follow the Ulster rules at all times.)**

Do you have pets? _____ Yes _____ No What kind and how many? _____

(We need to know this for allergy reasons)

Are there any chronic medical conditions or allergies we need to know about? _____

*** (Please note that medical information is confidential and is NOT a consideration in the selection of teens. These questions are solely for to protect your health and safety during the Ulster Project .) Also, please attach a copy of your medical insurance card.**

Will your teen be driving to and from Ulster Project functions? _____ Yes _____ No

*** (We allow this as long as certain safety restrictions are observed.)**

We welcome comments/suggestions: _____

