

## Antigua & Barbuda Student Association-USA Inc. 47-1460301

## **Student Host Application**

## Please Print

Name of Individual/Family: Last:				First:			
Mailing Addres							
	City:			State:		Zip: _	
Telephone No:	Daytime:	()					
	Cell Phone:	()					
	Email:						
Number of stud	lent(s) you are w	lling to host pe	er semester:	1 2	3	4	
Are you willing to pick up and drop off student(s)?			t(s)?	Yes	No		
Are you willing to host student(s) overnight?				Yes	No		
Will students(s) share room with someone else?				Yes	No		
Are you availab	ole to host studen	t(s) during the	following h	olidays?			
	Thanksgiving			Yes	No		
	Christmas			Yes	No		
	New Year's Eve			Yes	No		
	Spring/Winter Break Fourth of July			Yes	No		
				Yes	No		
	Labor Day			Yes	No		
Signed:			I	Date:			

Applications can be mail to: 17 Springbrook Road, Nanuet NY 10954

or email to <a href="mailto:absausa@mail.com">absausa@mail.com</a>. Thank You.

Make a choice, take a chance, and change your world.