Registration Form (for FAX transmission) FAX No. +81-43-298-4118

	Name of Representative / Group	Age	birthday	
Name of Applicant or Group		years old		_
		years ord		
	Name	Age	birthday	Represen
Manufaction (Inc., and S. annual)	1	7.60	Direction	-tative
Member (In case of group) *In case of more than 10 members, please	1	years old		
send the full list of members to the office of	2	years old		
	3	years old		
*Fill in the right cell with ⊚ if the person is representative	4	years old		
*Applicant s ages are as of April 1, 2011	5	years old		
	6	years old		
	7			
	8	years old		
		years old		
	9	years old		
	0	years old		
	Age *check the number			
Category	1. Under 12 2. Under 18 3. Under 24	4 4. O	ver 25	
	Proposal Category *check the alphabet			
	A. General Proposal for Entire Affected Areas B. Proposal for Specific Affected Area			
	Area for Proposal *specify the name of city/town/village			
	The date of the posterior and the manner of step, comin, vinage			
	Address			
Contact				
	TEL			
	FAX			
	FAX			
	e-mail			
	Total Credit			
Participation Fee (Relief Donation)	USD]		
	Date of Transfer	J		
	Date of Transfer	1		
		J		
		Resistration	on Number	
Bank Account	Mizuho Bank, Ltd. Jiyugaoka branch			
*Transfer the payment to the indicated bank account	Bank Code: 0001			
account *Applicant will be responsible for transfer fee	Branch Code: 0533			
	Swift Code: MHBKJPJT	*only for spo	onsor	_
	Account Number: 2546122			

Account Holder Name: Association for Children's Environment