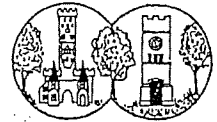


Sister City Hudson Landsberg



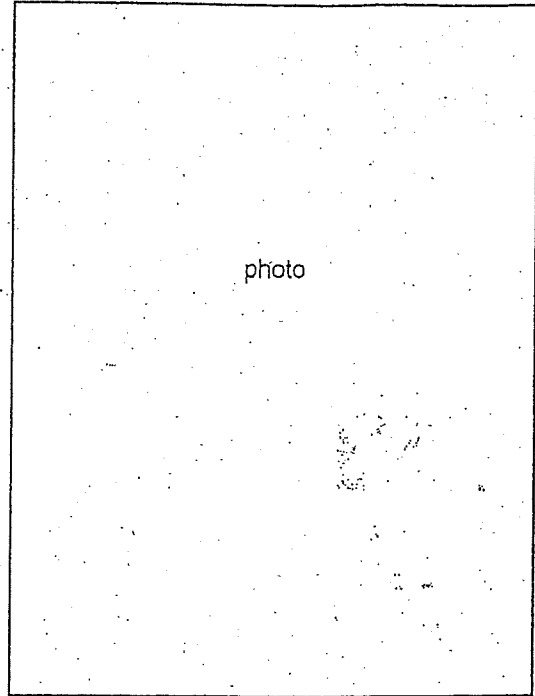
City Partnership- Städtepartnerschaftskomitee Landsberg a. Lech-Hudson

BIOGRAPHICAL INFORMATION.
BIOGRAPHISCHE INFORMATION:

LAST NAME FAMILIENNAME	FIRST NAME VORNAME

Telephone
() - -
() - -

E-mail:



Complete Home Address of the Family. Vollständige Adresse

NAME OF FAMILY MEMBERS. Namen der Familienmitglieder.	
	Ages/Alter

Do any family members speak/understand German? _____

Any allergies or special medication? _____

Smoking or Non-Smoking: _____

Occupation(s): _____

Interests/hobbies/clubs/ctc.

Please return applications to:
Ingrid Brock
P.O. Box 2275
Hudson OH 44236

For more information call:
Ingrid Brock 330-650-9257
Roland Winzer 330-650-4852