



## Lexington Sister Cities Homestay Host Profile Form

Information you provide will be used to assist Lexington Sister Cities in arranging accommodations for international delegates. Please complete and **return** to [abrewsaugh@lexingtonky.gov](mailto:abrewsaugh@lexingtonky.gov) or fax to 859-425-2053. Your questions may be addressed to Lexington Sister Cities Assistant Director Alexandra Brewsaugh at: 859-258-3137. **Thank you for considering this opportunity!**

Name: \_\_\_\_\_

Best Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name of exchange you are volunteering to host for: \_\_\_\_\_

Degree of certainty that you can host?     **100%**     90%  80%  70%  60%  50%  40%

*We are not able to host currently but ask that you retain our information for future host opportunities.*

Our family prefers to host a  **Male**  **Female** delegate, or has  No preference

If applicable, we would prefer an  **adult** or  **student** delegate, or have  No preference

Would you be willing to house 2 delegates?  NO     YES

Name(s) of all other Individual(s) living in the home, relationship, age and school attending:

\_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Pets in the home?    Pet Name/Type \_\_\_\_\_

Pet Name/Type \_\_\_\_\_

Our family interests are... \_\_\_\_\_

\_\_\_\_\_

Our family would like to host because... \_\_\_\_\_

\_\_\_\_\_

Other Information LSC might wish to know: \_\_\_\_\_

\_\_\_\_\_

Our family was referred by: \_\_\_\_\_

*I understand that as a host I am participating in a not-for-profit cultural exchange program and will receive no compensation.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_