Ai-Kon's Winterfest 2020
School Discount Program Application

Thank you for your interest in bringing the love of Japanese culture, into your classrooms!

School / institution information

Name : _____

Faculty Position : _____

School Address : _____

Phone : _____ Alternative Number: _____

Contact E-mail Address : _____

Supervising advisor / chaperone information

Name : _____

Mailing Address : _____

E-mail Address : _____

Phone : _____ Alternative Number: _____

Group information

Graduating Year:

Number of student passes requested : _____ x $10.00 (price includes taxes and fees) = _____

Name		Name	
Name		Name	
Name		Name	
Name		Name	
Name		Name	
Name		Name	
Name		Name	
Name		Name	
Name		Name	
Name		Name	
Name		Name	

Name		Name	
Name		Name	
Name		Name	
Name		Name	
Name		Name	
Name		Name	
Name		Name	
Name		Name	
Name		Name	
Name		Name	
Name		Name	
Name		Name	
Name		Name	
Name		Name	
Name		Name	
Name		Name	
Name		Name	
Name		Name	
Name		Name	

Other

Tell us more about your group and institution?

_____

_____

Why are you applying for the student group discount?

_____

_____

If you have questions or suggestions, please contact:

schools@ai-kon.org