

MAHS/MASC STATE LEADERSHIP CONVENTION

Host Family Information Sheet

Please fill out the following sheet and **return it with your registration** to ensure your stay with the best possible host family.

Name _____

School _____

I am _____ male _____ female (check one) in grade _____

Allergies: _____

Special diet needs (including a vegetarian diet; if you need special foods i.e. lactose intolerant, gluten allergy):

Other special needs: _____

**Please return by mail or fax the Host Family Sheet and
Registration Form on or before April 3 – 3:00 p.m.
Fax: 651-999-7331**