Application Date:

◆Applicant’s name：　　　　　　　　　　　　　　　　　　　　　（*Furigana*）

Address:

TEL:　　　　　　　　　　　　　　　　　　　　 FAX:

Cellphone:

◆Name of the person who will actually use the service:

　　　　　　　　　　　　　　　　　　　　　　　　　（*Furigana*）

Country / Language 　　/

Age: 　　　　　 　Gender:　 Male / Female

Date:　　　　　　　　　 　Time:　　　 　　　　　　　～

Place:

Content to be interpreted (as specific as possible):

\* This system is made possible through the cooperation of volunteers, so neither Sakai City nor any volunteers take any responsibility for damage caused by misinterpretations.

If you need a professional interpretation, please ask a professional interpreter.

\* Applications must be submitted 10 days in advance of the day you need the service, to be able to arrange the interpreters.

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