

Application Kofu Bonsai Kai Convention Grant

Name: _____

Address: _____

Phone Number: (____)_____ Cell Phone Number: (____)_____

Email Address: _____

How were you introduced to Bonsai?

How long have you been involved with Bonsai? _____

Do you have Bonsai tools? Yes No

Do you have Bonsai books? Yes No

Do you have Bonsai trees? Yes No
If yes, approximately how many? _____

Have you had a tree in a Bonsai show? Yes No

Have you taken Bonsai lessons? Yes No
If yes, for how long? _____

Have you previously attended a Bonsai convention?
 Yes No

Would you be willing to share your convention experience with the Kofu Kai membership?
 Yes No

I would be willing to volunteer at Kofu Bonsai Kai in the following area(s):

- | | |
|---|---|
| <input type="checkbox"/> Meeting setup and takedown | <input type="checkbox"/> Workshops |
| <input type="checkbox"/> Refreshments | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Bus Trips |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Show setup and/or takedown |
| <input type="checkbox"/> Website | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Program | |

Signature: _____

Date: _____