

Columbia Association INTERNATIONAL EXCHANGE PROGRAM
French Cuisine & Culture Exchange - October 8 – 17, 2010

Dear Applicant:

Thank you for your interest in the Columbia Association's 2010 *French Cuisine & Culture Exchange* with Cergy-Pontoise, France. Please read the attached application carefully, complete the entire form, and return it with payment of the program fee by September 24, 2010 to International Exchange Programs, Columbia Association, 10221 Wincopin Circle, Columbia, MD 21044 or by FAX (with a credit card form) to 410-715-3043.

The *French Cuisine & Cultural Exchange* will take place from October 8 thru 17, 2010. We will be departing from Washington Dulles International Airport on Friday, October 8th, arriving Saturday, October 9th, and staying with host families in Columbia's French sister city, Cergy-Pontoise, which is about half an hour from Paris.

Up to eight cuisine participants who may take a spouse or friend (maximum of 16 people) will stay with host families in Cergy-Pontoise. The eight cuisine participants will attend two afternoons of French cooking classes – complete with chef coat and hat – and demonstrations of food preparation and consumption. Classes will be taught in English at Lycée Eragny. The week will culminate with a dinner prepared by the cooking class participants.

All participants will tour a cheese farm and sample cheeses, shop for seasonal produce at a traditional French market and savor traditional French cuisine and wines during specially arranged meals at local restaurants and in families' homes. There will also be sightseeing trips to Paris and places of interest in and around Cergy-Pontoise. Knowledge of French is useful, but not necessary. French participants will come to Columbia in 2011, and it is expected that the participants who go to France in October will host and accompany the French visitors from Cergy-Pontoise.

The program fee of \$400 per person for CA Residents and \$450 for non-residents must accompany this application, and can be paid by check, money order or credit card. The airfare (approximately \$1,200) will be due by October 1, 2010. Please read carefully the *Program Agreement* and the *Program Fee and Payment Policy*.

If you, a spouse or a friend would like to join the trip, without participating in the two cooking classes, other activities will be provided during the two afternoon cooking sessions. Cuisine participants and their spouse/friend pay the same fee, as the CAJA is covering the expense of the cooking classes. If you have questions about the exchange, please do not hesitate to call me at 410-715-3162 or email laura.smit@columbiaassociation.com.

Laura Smit, Program Manager
Columbia Association/International Exchange and Multicultural Programs

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Tentative Itinerary

Friday, October 8

Depart Columbia for Washington Dulles International Airport, overnight flight to Paris

Saturday, October 9

Arrive in Paris, Pick up at Charles de Gaulle Airport by Cergy-Pontoise host families, welcome reception

Sunday, October 10

Free day with host family

Monday, October 11 – Saturday, October 16

- Two cooking classes of approximately three hours each (given in English) by a professor of French cuisine assisted by student chefs (for 8 participants) at Lycée Eragny
- Visit to cheese farm with cheese education and tasting
- Visit to traditional French market
- Meals at local restaurant meals
- Meals with host families
- Visit to sites in Paris
- Closing meal prepared by culinary students
- Visits to sites in the Cergy region (Le Vexin, regional brewery)

Sunday, October 17

Return flight from Paris to Washington Dulles

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Program Application

Full Name (as it will appear on passport) _____

Full Street Address (including zip code) _____

Village if in Columbia _____

CA assessment discount qualified? ___ Yes ___ No

Cell Phone _____ **Home phone** _____ **Work phone** _____

Email *Print Clearly* _____

Date of birth (needed by airlines) Month/Day/Year _____

Do you have a valid Passport? ___ Yes ___ No ___ I don't know

Note: If you do not have a valid passport, you will need to apply as soon as possible, and pay for the expedited service (2 – 3 weeks.) The East Columbia Branch of Howard County Library accepts passport applications Mon – Fri from 4 – 7 p.m. (passport photos can also be taken there.)

Are you a U.S. Citizen? ___ Yes ___ No If “no”, what country's passport will you be carrying for travel during the exchange? _____

Cooking Class Participants Only

Clothing size for Chef Jacket: (circle one) Women/Men _____

Shoe size for required shoes: (circle one) Women/Men _____

The following questions will assist us in placing you with a host family:

1. Are you allergic to cats, dogs or other pets? ___ Yes ___ No

If yes, which animals? _____

If no, are you willing to stay in a home with pets? ___ Yes ___ No

2. Do you have other allergies or sensitivities? ___ Yes ___ No

If YES, please rate each allergy from 1 (mild reaction) to 4 (life threatening)

3. Do you have any medical conditions your host family should know about? eg. asthma, epilepsy, migraines ___ Yes ___ No

If yes, please list: _____

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4. Do you smoke? Yes No

Are you willing to stay with a family where there are smokers? Yes No

5. Do you have any dietary restrictions of which your host family should be aware?

6. Describe your hobbies, activities, interests: _____

7. Is there anything else you would like to share with the International Exchange staff or with your host family? _____

For people traveling together, each person must complete a separate application, however they should be submitted together. Most host families will be able to host two participants, but there may be some that can host only one person. We will make every attempt to keep spouses/friends together, but this cannot be guaranteed.

8. Will you be traveling with a spouse, partner, or friend who must also be accepted in order for you to participate? Yes No

If yes, please give their full name: _____

9. Will they be taking the cuisine classes? Yes No

10. If you are traveling alone, please check one:

Pair me with another traveler of the same sex.

I would like a separate room in the host family's home.

Hosting Cergy-Pontoise Visitors Here in 2011

In early 2011, the Columbia Association International Exchange Program plans to host guests from Cergy-Pontoise and share American cuisine and culture with them. Would you be willing to host a guest at that time? Yes No

If no, please comment:

Would you be willing to be involved in other ways, e.g. hosting a dinner for a small group at your home, going to restaurants, and/or taking them sightseeing in the area? Yes No

If no, please comment:

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Personal Statement

Please answer the following questions (handwritten is fine.)

Why do you want to participate in this exchange? _____

Please describe your skill level and experience with speaking the French language.

Please describe your experience with and knowledge of French culture.

Please tell us about your interest in cooking (background, specific types of cuisine, etc.).

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Program Agreement

I, _____, hereby agree with the Columbia Association, Inc. (the “Association”) to the following by affixing my signature below on this date, _____, 2010.

MEDICAL INSURANCE

I have adequate medical, accident, dismemberment, and repatriation insurance coverage for myself. I have verified this insurance coverage with my insurance agent(s) and have confirmed valid overseas coverage.

I understand that the Association provides no medical, accident, dismemberment, or repatriation insurance.

VEHICLE INSURANCE

I understand that the vehicles that I will drive during the exchange in the U.S. must be insured at least to Maryland’s minimum liability levels.

RELEASE

In connection with my participation in the Sister Cities French Cuisine and Culture Exchange (the “Program”), I understand and acknowledge the nature and extent of the activities that will be involved in the Program and assume the risks inherent in such activities on behalf of myself. I voluntarily waive any and all claims, costs, liabilities, expenses (including attorneys’ fees), and judgments against the Association, its directors, officers, employees, servants, subcontractors, and agents, and hereby release, excuse, and discharge the Association, its directors, officers, employees, servants, subcontractors, and agents from all claims, costs, liabilities, expenses (including attorneys’ fees), and judgments which may arise out of my participation in the Program and all aspects attendant thereto. The undersigned further agrees to indemnify and hold the Association, its directors, officers, employees, servants, subcontractors, and agents harmless from any and all claims, damages, actions, liabilities, expenses (including attorneys’ fees), and judgments which may arise out of my participation in the Program. I have adequate medical, accident, dismemberment, and repatriation insurance coverage. I have verified this insurance coverage with my insurance agent and have confirmed valid overseas coverage. I understand that the Association provides no medical, accident, dismemberment, or repatriation insurance. Upon my acceptance into the program, I will complete the medical history and emergency form.

I understand that application does not guarantee acceptance into the program and that this exchange may be canceled if the minimum number of participants is not reached.

I hereby declare that I have reviewed the program information and application materials, and that I am aware of and accept the program requirements for participation. I further declare that my application is complete and accurate to the best of my knowledge.

Applicant’s name _____

Applicant’s signature _____ Date _____

If traveling with a spouse, partner, or friend, please fill out separate applications and mail together.

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Program Fee & Airline Ticket Payment Policy

- The full program fee of \$400 for CA Residents or \$440 for Non Residents is due when the completed application is submitted, and can be paid with a personal check, money order, or credit card.
- The application deadline is September 24, 2010.
- The program fee will be fully refunded if the applicant is not accepted into the program or if minimum number of participants is not reached.
- Medical or other emergencies necessitating an applicant’s withdrawal will be considered on a case-by-case basis.
- Except under the above-stated conditions, the program fee is non-refundable.
- The estimated cost of the airline ticket is between \$1,000 and \$1,200. The exact price will be communicated to participants as soon as possible, once the total number of travelers is established and the reservations are finalized.
- The estimated cost of the airline ticket is between \$1,000 - \$1,200. The exact price will be communicated to participants as soon as possible, once the total number of travelers is established and the reservations are finalized.
- Payment of the airline ticket is due by October 1, 2010.
- The Columbia Association encourages participants to purchase travel insurance. Airline refund policies are not under the control or responsibility of the Columbia Association. Any participant who chooses not to or is unable to travel will be responsible for contacting the airline directly to seek any possible refunds or credits.

If you have any questions, please contact the International Exchange Program at 410-715-3162.

I have read and accept the above policy.

Date _____ Signature _____

Printed name _____

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**SISTER CITIES/INTERNATIONAL EXCHANGE
CREDIT CARD PAYMENT FORM**

Applicant's Name: _____

Please charge my ___ **VISA** ___ **MC** ___ **AMEX** ___ **DISCOVER**

Account Number _____ **Exp Date** _____

3 digit Security code (on back next to name) ___

Amount \$ _____

Print name as it appears on card _____

Signature _____ **Date** _____

Billing Street Address _____

Billing City _____ **State** ___ **Zip Code** _____

Please send or bring to:

Laura Smit,

Program Manager, International Exchange & Multicultural Programs

Columbia Association

10221 Wincopin Circle, Columbia, Md. 21044

OR Fax to: 410-715-3043