

Application for SMILE/ RAINBOW COUPONS for Raising Children in Kanazawa

(year) (month) (day)

To Mayor of Kanazawa

I would like to apply for SMILE/RAINBOW COUPONS for Raising Children in Kanazawa.

Applicant	Name	Seal
	Address	〒 (-)
	Bld. name, Apt. name	
	Tel	

Applications without a seal are not accepted. Please affix your seal.

* RAINBOW: For children who were born on June 30, 2015 or earlier SMILE: For children who were born on July 1, 2015 or later

Eligible children (Circle the type of coupon in the date of birth section)		区 分 整理番号
Name		A ・ B
Date of birth	(year) (month) (day) RAINBOW * SMILE	
Name		A ・ B
Date of birth	(year) (month) (day) RAINBOW * SMILE	
Name		A ・ B
Date of birth	(year) (month) (day) RAINBOW * SMILE	

* Fill out the sections inside bold lines only.