[For office use only] CSB International Agent: \_\_\_\_\_\_ Participant: ID#\_\_\_\_\_\_



## **Summer Work Travel Program**HOUSING ARRANGEMENTS

CSB International, Inc.

119 Cooper Street Babylon, NY 11702 P: 1-877-669-0717 F: 1-631-893-4547 info@csb-usa.com

## www.csb-usa.com

CSB International Representative (compa	any name):			
I (participant full name)				
a placement for Summer Work Travel Pro				
a proof of the housing address to the loc	al CSB International Representative	with at least 15 (fifteen) but	siness days pr	ior to my arrival in the United
States.				
MY HOUSING ARRANGEMENTS ARE:				
Date of Arrival:	City:	State:		Zip code
(montn/day/year)				
Housing Address				
Street Address:	City:		State:	
Zip code: Hous	ing Telephone No:			
Summer Work Travel Participant Signatur	re:		Date:	
				(month/day/year)
CSB International Representative Signatu	ıre:		Date:	
				(month/day/year)

International Representative Stamp (here):