



Hawaii

Japan Art + Culture Tour 2024
September 26 - October 6, 2024

Application Form

*****Please provide passengers' names exactly as on valid passports*****

PASSENGER ①

LAST NAME							
FIRST NAME							
MIDDLE NAME							
DATE OF BIRTH (MM/DD/YYYY)		Gender		Citizenship			
PASSPORT NO.	DATE OF EXPIRY (MM/DD/YYYY)						
E-MAIL ADDRESS							
PHONE NUMBER							
HOME ADDRESS							
AIRLINE MILEAGE INFORMATION	AIRLINE		ACC NO.				
GLOBAL ENTRY or TSA NUMBER							
EMERGENCY CONTACT NAME & RELATIONSHIP							
EMERGENCY CONTACT PHONE NUMBER							
EMERGENCY CONTACT E-MAIL							
DO YOU HAVE ANY FOOD ALLERGIES OR STRONG FOOD PREFERENCES?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO			
IF YES, PLEASE EXPLAIN							
TOUR PKG TYPE:	WITH GRP AIRFARE <input type="checkbox"/>			LAND PKG ONLY <input type="checkbox"/>			

SURVEY

How did you find out about our tour?

<input type="checkbox"/> Star Advertiser	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Instagram	<input type="checkbox"/> Website
<input type="checkbox"/> Store Flyer	<input type="checkbox"/> Friend/Family Recommendation	Other:	

HIS

Hawaii

Application Form

*****Please provide passengers' names exactly as on valid passports*****

PASSENGER ②

LAST NAME					
FIRST NAME					
MIDDLE NAME					
DATE OF BIRTH (MM/DD/YYYY)		Gender		Citizenship	
PASSPORT NO.	DATE OF EXPIRY (MM/DD/YYYY)				
E-MAIL ADDRESS					
PHONE NUMBER					
HOME ADDRESS					
AIRLINE MILEAGE INFORMATION	AIRLINE		ACC NO.		
GLOBAL ENTRY or TSA NUMBER					
EMERGENCY CONTACT NAME & RELATIONSHIP					
EMERGENCY CONTACT PHONE NUMBER					
EMERGENCY CONTACT E-MAIL					
DO YOU HAVE ANY FOOD ALLERGIES OR STRONG FOOD PREFERENCES?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
IF YES, PLEASE EXPLAIN					
TOUR PKG TYPE:	WITH GRP AIRFARE <input type="checkbox"/>		LAND PKG ONLY <input type="checkbox"/>		

HIS

Hawaii

Application Form

*****Please provide passengers' names exactly as on valid passports*****

PASSENGER ③

LAST NAME					
FIRST NAME					
MIDDLE NAME					
DATE OF BIRTH (MM/DD/YYYY)		Gender		Citizenship	
PASSPORT NO.	DATE OF EXPIRY (MM/DD/YYYY)				
E-MAIL ADDRESS					
PHONE NUMBER					
HOME ADDRESS					
AIRLINE MILEAGE INFORMATION	AIRLINE		ACC NO.		
GLOBAL ENTRY or TSA NUMBER					
EMERGENCY CONTACT NAME & RELATIONSHIP					
EMERGENCY CONTACT PHONE NUMBER					
EMERGENCY CONTACT E-MAIL					
DO YOU HAVE ANY FOOD ALLERGIES OR STRONG FOOD PREFERENCES?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
IF YES, PLEASE EXPLAIN					
TOUR PKG TYPE:	WITH GRP AIRFARE <input type="checkbox"/>		LAND PKG ONLY <input type="checkbox"/>		

HIS

Hawaii

Application Form

*****Please provide passengers' names exactly as on valid passports*****

PASSENGER ④

LAST NAME					
FIRST NAME					
MIDDLE NAME					
DATE OF BIRTH (MM/DD/YYYY)		Gender		Citizenship	
PASSPORT NO.		DATE OF EXPIRY (MM/DD/YYYY)			
E-MAIL ADDRESS					
PHONE NUMBER					
HOME ADDRESS					
AIRLINE MILEAGE INFORMATION	AIRLINE		ACC NO.		
GLOBAL ENTRY or TSA NUMBER					
EMERGENCY CONTACT NAME & RELATIONSHIP					
EMERGENCY CONTACT PHONE NUMBER					
EMERGENCY CONTACT E-MAIL					
DO YOU HAVE ANY FOOD ALLERGIES OR STRONG FOOD PREFERENCES?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
IF YES, PLEASE EXPLAIN					
TOUR PKG TYPE:	WITH GRP AIRFARE	<input type="checkbox"/>	LAND PKG ONLY	<input type="checkbox"/>	