



Hawaii

Taste of Kansai Tour 2024
October 29 - November 8, 2024

Application Form

Please provide passengers' names exactly as on valid passports

PASSENGER ①

Form with fields for: LAST NAME, FIRST NAME, MIDDLE NAME, DATE OF BIRTH, Gender, Citizenship, PASSPORT NO., DATE OF EXPIRY, 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?, IF YES, PLEASE EXPLAIN, TOUR PKG TYPE: WITH GRP AIRFARE, LAND PKG ONLY

SURVEY

How did you find out about our tour?

Survey options: Star Advertiser, Newsletter, Instagram, Website, Store Flyer, Friend/Family Recommendation, Other:

HIS

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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"/> | | |

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