



Hawaii

Joyful Japan Shopping Tour
December 5 - 13, 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"/> | | |