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Onsen & Okinawa Heritage Tour 2026 Feburary 17-28,2026

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)			Gende				nship		
PASSPORT NO.	DATE OF EXPIRY (MM/DD/YYYY)								
E-MAIL ADDRESS									
PHONE NUMBER									
HOME ADDRESS									
AIRLINE MILEAGE	AIRLINE			AC	C NO.				
GLOBAL ENTRY or TSA NUMBER									
EMERGENCY CONTACT NAME & RELATIONSHIP									
EMERGENCY CONTACT PHONE NUMBER									
EMERGENCY CONTACT E-MAIL									
DO YOU HAVE ANY STRONG FOOD PRE		GIES OF	२		YE	S		NO	
IF YES, PLEASE EXPLAIN									
TOUR PKG TYPE:	WITH GRP /	AIRFARE			LAND	PKG	ONLY		
IF WITH GRP AIR CHOOSE CABIN	ECONOM	Y	PREMIU	M ECO	NOMY		BUS	NESS	
SURVEY									
How did you find out about our tour? Please check all that apply.									
Star Advertiser		sletter		Instag	jram			Website	
Store Store	F F	Other:							



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Please provide passengers' names exactly as on valid passports

		1710021							
LAST NAME									
FIRST NAME	·								
MIDDLE NAME									
DATE OF BIRTH (MM/DD/YYYY)			Gender		Citize	enship			
PASSPORT NO.		DATE OF EXPIRY (MM/DD/YYYY)							
E-MAIL ADDRESS									
PHONE NUMBER									
HOME ADDRESS									
AIRLINE MILEAGE	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?							NO		
IF YES, PLEASE E									
TOUR PKG TYPE:	WITH GRP /	WITH GRP AIRFARE							
IF WITH GRP AIR CHOOSE CABIN	ECONOMY PREMIUM ECONOMY BUSINESS								

PASSENGER (2)



Application Form

Please provide passengers' names exactly as on valid passports

PASSENGER ③									
LAST NAME	=								
FIRST NAME	1								
MIDDLE NAME	1								
DATE OF BIRTH (MM/DD/YYYY)	1		Gender		Citize	enship			
PASSPORT NO		DATE OF EXPIRY (MM/DD/YYYY)							
E-MAIL ADDRESS	>								
PHONE NUMBER	2								
HOME ADDRESS	>								
AIRLINE MILEAGE	AIRLINE			ACC	NO.				
GLOBAL ENTRY or TSA NUMBER				-	-				
EMERGENCY CONTAC		_	_	_					
EMERGENCY CONTAC PHONE NUMBER									
EMERGENCY CONTAC									
DO YOU HAVE ANY FOOD ALLERGIES OR STRONG FOOD PREFERENCES?									
IF YES, PLEASE EXPLAIN									
TOUR PKG TYPE:	WITH GRP AIRFARE LAND PKG ONLY								
IF WITH GRP AIR CHOOSE CABIN	ECONOMY PREMIUM ECONOMY BUSINESS								



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Please provide passengers' names exactly as on valid passports

LAST NAME									
FIRST NAME									
MIDDLE NAME									
DATE OF BIRTH (MM/DD/YYYY)			Gender		Citiz	enship			
PASSPORT NO.		DATE OF EXPIRY (MM/DD/YYYY)							
E-MAIL ADDRESS									
PHONE NUMBER									
HOME ADDRESS									
AIRLINE MILEAGE	AIRLINE		ACC NO.						
GLOBAL ENTRY or TSA NUMBER		_			_				
EMERGENCY CONTACT									
NAME & RELATIONSHIP									
EMERGENCY CONTACT PHONE NUMBER									
EMERGENCY CONTACT									
E-MAIL									
DO YOU HAVE ANY STRONG FOOD PRE		GIES OR			YES			NO	
IF YES, PLEASE EXPLAIN									
TOUR PKG TYPE:	WITH GRP AIRFARE								
IF WITH GRP AIR CHOOSE CABIN	ECONOMY PREMIUM ECONOMY BUSINESS								

PASSENGER (4)