

HIS**Hawaii****Soul of Korea Spring 2026****March 24 - April 03, 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)		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? Please check all that apply.**

<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"/>		