

### <u>Tohoku Spectacular Sakura Tour 2026</u> <u>April 07 - 18, 2026</u>

### **Application Form**

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

PASSENGER (1)

LAST	NAME									
FIRST	NAME									
MIDDLE	NAME									
DATE C (MM/D	OF BIRTH D/YYYY)		Gende	Citizenship						
PASSPOR	RT NO.	DATE OF EXPIRY (MM/DD/YYYY)								
E-MAIL	ADDRESS									
PHONE	NUMBER									
HOME	ADDRESS									
AIRLINE INFOR	MILEAGE MATION	AIRLINE				ACC NO.				
GLOBAL or TSA							-			
	CY CONTACT									
	CY CONTACT NUMBER									
	CY CONTACT									
		OOD ALLER ERENCES?	GIES OR			] <b>Y</b> I	ES	NO		
IF YES,	PLEASE E	XPLAIN								
DO YOU HAVE ANY MAJOR MEDICAL CONCERNS THAT COULD AFFECT YOUR ABILITY TO SAFELY PARTICIPATE IN THE TOUR? IF SO, LIST BELOW:										
Please disclos	e significant med	ical issues in advan	ice to help en	sure smooth	tour o	peration for a	all customers			
TOUR PK	G TYPE:	WITH GRP	AIRFARE			LAND	PKG ONLY	Y 🗆		
			SU	IRVEY						
How did you find out about our tour? Please check all that apply.										
	Star Advertiser		wsletter		Ins	tagram		Website		
	Store Flyer		Friend/Fa ecommen	-	C	Other:				



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PASSENGER ②

LAST NAM	E									
FIRST NAM	E									
MIDDLE NAM	E									
DATE OF BIRT (MM/DD/YYYY)	Н	Gende			Citizenship					
PASSPORT NO	).	DATE OF EXPIRY (MM/DD/YYYY)								
E-MAIL ADDRES	s									
PHONE NUMBE	R									
HOME ADDRES										
AIRLINE MILEAG INFORMATION	AIRLINE				ACC NO					
GLOBAL ENTR or TSA NUMBE	R									
EMERGENCY CONTAC NAME & RELATIONSH										
EMERGENCY CONTAC PHONE NUMBER	T									
EMERGENCY CONTAC E-MAIL	Т									
DO YOU HAVE ANY FOOD ALLERGIES OR STRONG FOOD PREFERENCES?										
IF YES, PLEASE	EXPLAIN									
DO YOU HAVE ANY MAJOR MEDICAL CONCERNS THAT COULD AFFECT YOUR ABILITY TO SAFELY PARTICIPATE IN THE TOUR? IF SO, LIST BELOW:										
Please disclose significant medical issues in advance to help ensure smooth tour operation for all customers										
TOUR PKG TYPE:	WITH GRP	AIRFARE			LAND	PKG ONLY				
		SU	RVEY							
How did you find out about our tour? Please check all that apply.										
Star Advertiser	☐ Nev	vsletter		Ins	tagram		Website			
Store		Friend/Fa	-	Other:						



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	OF BIRTH D/YYYY)	Gende			r	Citizenship				
PASSPOR	ORT NO. DATE OF EXPIRY (MM/DD/YYYY)									
E-MAIL	ADDRESS									
PHONE	NUMBER									
HOME	ADDRESS									
AIRLINE INFOR	MILEAGE MATION	AIRLINE			4	ACC NO				
GLOBAL or TSA							•			
	CY CONTACT									
	ELATIONSHIP CY CONTACT									
	NUMBER									
	CY CONTACT									
	MAIL							-		
		OOD ALLERO	SIES OR			Y	ES   [	7 l	NO	
STRONG	FOOD PREI	FERENCES?								
IF YES,	PLEASE E	XPLAIN								
		MAJOR MEDIC						YOU	JR	
ABILITY 1	TO SAFELY	PARTICIPATE	IN THE	TOUR? I	F SO	, LIST B	ELOW:			
Please disclos	e significant med	ical issues in advanc	e to help en	sure smooth	tour op	eration for a	all customers			
TOUR PK	G TYPE:	WITH GRP	AIRFARE			LAND	PKG ONL	Y		
			SU	RVEY						
How did you find out about our tour? Please check all that apply.										
	Star Advertiser	I I Newsletter I I Instagram I I Wa					Vebsite			
	Store		Friend/Fa	-	0	ther:				



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PASSENGER 4

LAST	NAME									
FIRST	NAME									
MIDDLE	NAME									
	F BIRTH D/YYYY)			Gende	r		Citizens	ship		
PASSPOR	T NO.	DATE OF EXPIRY (MM/DD/YYYY)								
E-MAIL	ADDRESS									
PHONE	NUMBER									
HOME	ADDRESS									
AIRLINE INFORI	MILEAGE MATION	AIRLINE				ACC NO				
GLOBAL or TSA							-			
	CY CONTACT									
	CY CONTACT									
	NUMBER									
	Y CONTACT									
E-N	<b>IAIL</b>									
DO YOU H	IAVE ANY F	OOD ALLERO	SIES OR			☐ YE	≣S			NO
STRONG I	FOOD PREF	FERENCES?								110
·	PLEASE E									
		MAJOR MEDIC PARTICIPATE						T YO	OUR	
Please disclose	e significant medi	ical issues in advand	e to help en	sure smooth	tour	operation for a	II custome	rs		
TOUR PK	G TYPE:	WITH GRP	AIRFARE			LAND	PKG O	NLY		
			SU	RVEY						
	How did y	ou find out a	bout our	tour? Pl	eas	e check a	II that a	ipply		
	Star Advertiser		vsletter		In	stagram			Web	site
	Store Flver	Friend/Family Recommendation Other:								