

<u>Taste of Japan Summer Tour 2026</u> <u>June 15 - 26, 2026</u>

Application Form

Please provide passengers' names exactly as on valid passports

PASSENGER (1)

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LAST	NAME											
FIRST	NAME											
MIDDLE	NAME											
DATE C	F BIRTH				Gende	٠.			Citizen	chin		
(MM/D	D/YYYY)				Gende					Silib		
PASSPOR	RT NO.				DATI		OF E		RY			
E-MAIL	ADDRESS											
PHONE	NUMBER											
HOME	ADDRESS											
AIRLINE INFOR	MILEAGE MATION	AIRLI	NE				ACC	C NO.				
GLOBAL	ENTRY											
or TSA	NUMBER											
	CY CONTACT											
	LATIONSHIP											
	CY CONTACT NUMBER											
	CY CONTACT											
	MAIL											
	IAVE ANY F	OOD AL	LERO	SIES OR		1						
	FOOD PREF							YE	S			NO
DO YOU F	PLEASE E	IAJOR IV									OUR	
Please disclose	e significant medi	ical issues in	advano	ce to help en	sure smooti	h tou	r operatio	on for all	l custome	ers		
TOUR PK	-			AIRFARE		1			PKG O			
TOOK PK	G TIFL.	VVIII	GKF	AINFANE]		LAND	rkg C	INL I		
				SU	RVEY							
	How did y	ou find	out a	bout our	tour? P	lea	se che	eck al	I that	apply	'.	
	Star Advertiser			vsletter		I	nstagr	am			Web	site
	Store Flyer			Friend/Fa	-		Other	r:				



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LAST	NAME									
FIRST	NAME									
MIDDLE	NAME									
DATE OF	BIRTH			Gende	<u>, </u>		Citiza	enship		
(MM/DD/	YYYY)							HISHIP		
PASSPORT	NO.	DATE OF EXPIRY (MM/DD/YYYY)								
E-MAIL A	ADDRESS									
PHONE	NUMBER									
HOME A	ADDRESS									
AIRLINE INFORM	MILEAGE ATION	AIRLINE			4	ACC NO				
GLOBAL	ENTRY									
	NUMBER									
EMERGENCY										
NAME & RELA EMERGENCY										
PHONE N										
EMERGENCY										
E-MA	AIL									
DO YOU HA	VE ANY F	OOD ALLERO	SIES OR			V	ES			NO
STRONG FO	OOD PREF	FERENCES?				1	EO			NO
IF YES, P		XPLAIN	CAL CON	ICERNS	THAT	COULD) AFF	ECT Y	OUR	
ABILITY TO	SAFELY	PARTICIPATE	IN THE	TOUR?	IF SO	, LIST B	ELOV	V:		
Please disclose s	ignificant med	ical issues in advand	e to help en	sure smooth	tour op	eration for a	all custo	mers		
TOUR PKG TYPE: WITH GRP AIRFARE LAND PKG ONLY										
			SU	RVEY						
	How did y	ou find out a	bout our	tour? P	ease	check a	III tha	t apply	y	
	Star dvertiser	☐ Nev	vsletter		Inst	agram]	Web	site
	Store Flyer		Friend/Fa	-	0	ther:				



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FIRST NAME	:								
MIDDLE NAME	:								
DATE OF BIRTH (MM/DD/YYYY)			Gende	r		Citize	nship		
PASSPORT NO	DATE OF EXPIRY (MM/DD/YYYY)								
E-MAIL ADDRESS									
PHONE NUMBER									
HOME ADDRESS	3								
AIRLINE MILEAGE INFORMATION	AIRLINE				ACC NO				
GLOBAL ENTRY or TSA NUMBER						•			
EMERGENCY CONTACT									
NAME & RELATIONSHIF EMERGENCY CONTACT									
PHONE NUMBER									
EMERGENCY CONTACT	•								
E-MAIL									
DO YOU HAVE ANY	FOOD ALLERO	SIES OR		Г		ES			NO
STRONG FOOD PRE	FERENCES?					_3			NO
IF YES, PLEASE I									
DO YOU HAVE ANY I ABILITY TO SAFELY								OUR	
Please disclose significant med	lical issues in advand	ce to help en	sure smooth	tour o	peration for a	ll custon	ners		
TOUR PKG TYPE:	WITH GRP	AIRFARE			LAND	PKG	ONLY		
		SU	RVEY						
How did	you find out a	bout our	tour? Pl	ease	e check a	II that	apply	/.	
Star Advertiser		vsletter		Ins	stagram			Webs	site
Store Flyer		Friend/Fa	-	C	Other:		_		



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MIDDLE	NAME							
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E-MAIL	ADDRESS							
PHONE	NUMBER							
HOME	ADDRESS							
AIRLINE INFOR	MILEAGE MATION	AIRLINE				ACC NO		
GLOBAL or TSA								
	CY CONTACT							
	CY CONTACT							
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	CY CONTACT							
DO YOU F	IAVE ANY F	OOD ALLERO	SIES OR			YE	s 🗆	NO
STRONG	FOOD PRE	FERENCES?			L		_5	NO
IF YES,	PLEASE E	XPLAIN						
		MAJOR MEDIC		_			_	OUR
ABILITY T	O SAFELY	PARTICIPATE	IN THE	TOUR?	F S	O, LIST B	ELOW:	
Please disclos	e significant med	ical issues in advand	ce to help en	sure smooth	tour	operation for a	II customers	
TOUR PKG TYPE: WITH GRP AIRFARE LAND PKG ONLY								
			SU	RVEY				
	How did y	ou find out a	bout our	tour? P	eas	e check a	ll that appl	у.
	Star Advertiser		vsletter		ln	stagram		Website
	Store Flver		Friend/Fa	-		Other:		