

## <u>Tohoku Food and Flowers Tour 2026</u> <u>May 13 - 24, 2026</u>

# **Application Form**

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

PASSENGER ①

					_						
LAST	NAME										
FIRST	NAME										
MIDDLE	NAME										
	F BIRTH D/YYYY)			Gende	r		Citizenship				
PASSPORT NO. DATE OF EXPIRY (MM/DD/YYYY)											
E-MAIL	ADDRESS										
PHONE	NUMBER										
HOME	ADDRESS										
AIRLINE INFORI	MILEAGE MATION	AIRLINE				ACC NO					
GLOBAL or TSA	ENTRY NUMBER				•						
	CY CONTACT										
	CY CONTACT										
PHONE	NUMBER										
	CY CONTACT										
	/AIL							1			
	DO YOU HAVE ANY FOOD ALLERGIES OR STRONG FOOD PREFERENCES?										
STRONG	FOOD PREI	ERENCES?									
IF YES,	PLEASE E	XPLAIN									
		AJOR MEDIC						YOUR			
ABILITY T	O SAFELY	PARTICIPATE	IN THE	TOUR?	IF S	O, LIST B	ELOW:				
Please disclose	e significant medi	ical issues in advand	e to help en	sure smooth	tour	operation for a	ll customers				
TOUR PK	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		In	stagram		Website			
	Store Flyer		riend/Fa	-	Other:						



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	OF BIRTH D/YYYY)	Ge			r		Citizer	nship			
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PHONE	NUMBER										
HOME	ADDRESS										
AIRLINE INFOR	MILEAGE MATION	AIRLINE			ACC NO.						
GLOBAL or TSA					•						
	CY CONTACT										
	ELATIONSHIP CY CONTACT										
	NUMBER										
EMERGEN	CY CONTACT										
	MAIL										
DO YOU HAVE ANY FOOD ALLERGIES OR										NO	
STRONG	FOOD PREI	FERENCES?									
IF YES,	PLEASE E	XPLAIN									
		MAJOR MEDIC							OUR		
ABILITY 1	TO SAFELY	<b>PARTICIPATE</b>	IN THE	TOUR? I	F SC	), LIST B	ELOW	:			
Please disclos	se significant med	ical issues in advand	e to help en	sure smooth	tour o	peration for a	all custom	ers			
TOUR PKG TYPE: WITH GRP AIRFARE   LAND PKG ONLY											
SURVEY											
	How did you find out about our tour? Please check all that apply.										
	Star Advertiser	. □ Newsletter □ Instagram □ Web							osite		
	Store		Friend/Fa	-	Ciner.						



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E-MAIL	ADDRESS										
PHONE	NUMBER										
HOME	ADDRESS										
AIRLINE INFOR	MILEAGE MATION	AIRLINE			ACC NO.						
GLOBAL or TSA					•						
	CY CONTACT										
	ELATIONSHIP CY CONTACT										
	NUMBER										
EMERGEN	CY CONTACT										
	MAIL										
DO YOU HAVE ANY FOOD ALLERGIES OR										NO	
STRONG	FOOD PREI	FERENCES?									
IF YES,	PLEASE E	XPLAIN									
		MAJOR MEDIC							OUR		
ABILITY 1	TO SAFELY	<b>PARTICIPATE</b>	IN THE	TOUR? I	F SC	), LIST B	ELOW	:			
Please disclos	se significant med	ical issues in advand	e to help en	sure smooth	tour o	peration for a	all custom	ers			
TOUR PKG TYPE: WITH GRP AIRFARE   LAND PKG ONLY											
SURVEY											
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		PASSE	INGER (4	:)							
LAST NAME											
FIRST NAME											
MIDDLE NAME											
DATE OF BIRTH (MM/DD/YYYY)			Gende	r		Citize	enship				
PASSPORT NO.	DATE OF EXPIRY (MM/DD/YYYY)										
E-MAIL ADDRESS											
PHONE NUMBER											
HOME ADDRESS											
AIRLINE MILEAGE INFORMATION	I AIRLINE I I ACC NO I										
GLOBAL ENTRY or TSA NUMBER											
EMERGENCY CONTACT NAME & RELATIONSHIP	EMERGENCY CONTACT										
EMERGENCY CONTACT											
PHONE NUMBER EMERGENCY CONTACT											
E-MAIL											
DO YOU HAVE ANY F		SIES OR			☐ YES			NO			
STRONG FOOD PREF	ERENCES?										
IF YES, PLEASE E	XPLAIN										
DO YOU HAVE ANY N ABILITY TO SAFELY								DUR			
Please disclose significant medi	cal issues in advanc	e to help en	sure smooth	tour opera	tion for al	l custor	mers				
TOUR PKG TYPE:	TOUR PKG TYPE: WITH GRP AIRFARE   LAND PKG ONLY										
SURVEY											
How did you find out about our tour? Please check all that apply.											
Star Advertiser	I Newsletter I Instagram I Website							Website			
Store Elver		Friend/Family Other:									