

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					
DO YOU HAVE ANY MAJOR MEDICAL CONCERNS THAT COULD AFFECT YOUR ABILITY TO SAFELY PARTICIPATE IN THE TOUR? IF SO, LIST BELOW:					
<i>Please disclose significant medical issues in advance to help ensure smooth tour operation for all customers</i>					
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:	



Hawaii

Hokkaido Gourmet Lavender Tour

July 8 - 19, 2026

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