

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:	



Wild Hokkaido Tour

July 12 - 23, 2026

Hawaii

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