



Tohoku Summer Festivals Tour
July 26 - August 5, 2026

Hawaii

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:					
<p><i>Please disclose significant medical issues in advance to help ensure smooth tour operation for all customers</i></p>					
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:	



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

PASSENGER (2)

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:				
<p style="font-size: small; margin-top: 10px;"><i>Please disclose significant medical issues in advance to help ensure smooth tour operation for all customers</i></p>				
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:	



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

PASSENGER (3)

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:					
<p style="font-size: small; margin-top: 10px;"><i>Please disclose significant medical issues in advance to help ensure smooth tour operation for all customers</i></p>					
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:	



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

PASSENGER ④

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:				
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TOUR PKG TYPE:	WITH GRP AIRFARE	<input type="checkbox"/>	LAND PKG ONLY	<input type="checkbox"/>

SURVEY

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<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:	