



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 (severity of allergy, symptoms, contact sensitivity, etc.)			
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:	



Food and Foliage Tour 2026

October 15 - 25, 2026

Hawaii

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