



Hawaii

Harvest Hokkaido Tour 2026
September 13 - 23, 2026

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:					
<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:	



Hawaii

Harvest Hokkaido Tour 2026
September 13 - 23 , 2026

Application Form

*****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 (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:				
<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:	



Hawaii

Harvest Hokkaido Tour 2026
September 13 - 23, 2026

Application Form

*****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 (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:				
<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:	



Hawaii

Harvest Hokkaido Tour 2026
September 13 - 23, 2026

Application Form

*****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 (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:				
<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:	