



Magical Miyajima Tour
October 31 - November 10, 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 (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: | |



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