

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



Taste of Kyushu Tour 2026
November 9 - 20, 2026

Hawaii

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