



Hokkaido Sparkling Snow Tour 2027
Group 1: January 27 - February 6, 2027

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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