

## 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:	



Hokkaido Sparkling Snow Tour 2027  
Group 2: January 29 - February 8, 2027

Hawaii

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