

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?		☐	YES	☐	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:					
Please disclose significant medical issues in advance to help ensure smooth tour operation for all customers					
TOUR PKG TYPE:	WITH GRP AIRFARE ☐		LAND PKG ONLY ☐		

SURVEY

How did you find out about our tour? Please check all that apply.

☐ Star Advertiser	☐ Newsletter	☐ Instagram	☐ Website
☐ Store Flyer	☐ Friend/Family Recommendation	Other:	



Hawaii

Japan Snow Monkey Tour
January 24 - February 3, 2027

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?			☐	YES	☐ 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 ☐		LAND PKG ONLY ☐		

SURVEY

How did you find out about our tour? Please check all that apply.

☐ Star Advertiser	☐ Newsletter	☐ Instagram	☐ Website
☐ Store Flyer	☐ Friend/Family Recommendation	Other:	



Japan Snow Monkey Tour
January 24 - February 3, 2027

Hawaii

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?			☐	YES	☐ 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 ☐		LAND PKG ONLY ☐		

SURVEY

How did you find out about our tour? Please check all that apply.

☐ Star Advertiser	☐ Newsletter	☐ Instagram	☐ Website
☐ Store Flyer	☐ Friend/Family Recommendation	Other:	



Japan Snow Monkey Tour
January 24 - February 3, 2027

Hawaii

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?			☐	YES	☐ 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 ☐		LAND PKG ONLY ☐		

SURVEY

How did you find out about our tour? Please check all that apply.

☐ Star Advertiser	☐ Newsletter	☐ Instagram	☐ Website
☐ Store Flyer	☐ Friend/Family Recommendation	Other:	