

**HIS****Hawaii****Jeju in Bloom: South Korea Spring Flower****Tour from Seoul to Jeju Island****April 3 - April 13 2027**

\* Program Group Assignment Notice  
For rickshaw tours, participants may be divided into groups due to space limitations.

Note: US citizens need an approval certificate called a "K-ETA" before entering South Korea. It costs only about \$8 and is obtained through a simple online application. We are happy to support you if there is any confusion—just ask our staff!

**Application Form**

**\*\*\*Please provide passengers' names exactly as on valid passports\*\*\***

**PASSENGER ①**

|                                                                                                                                |                                           |                                |                                        |                          |    |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------|----------------------------------------|--------------------------|----|
| LAST                                                                                                                           | NAME                                      |                                |                                        |                          |    |
| FIRST                                                                                                                          | NAME                                      |                                |                                        |                          |    |
| MIDDLE                                                                                                                         | NAME                                      |                                |                                        |                          |    |
| DATE OF BIRTH<br>(MM/DD/YYYY)                                                                                                  |                                           | Gender                         |                                        | Citizenship              |    |
| PASSPORT NO.                                                                                                                   |                                           | DATE OF EXPIRY<br>(MM/DD/YYYY) |                                        |                          |    |
| E-MAIL                                                                                                                         | ADDRESS                                   |                                |                                        |                          |    |
| PHONE                                                                                                                          | NUMBER                                    |                                |                                        |                          |    |
| HOME                                                                                                                           | ADDRESS                                   |                                |                                        |                          |    |
| AIRLINE MILEAGE<br>INFORMATION                                                                                                 | AIRLINE                                   |                                | ACC NO.                                |                          |    |
| GLOBAL ENTRY<br>or TSA NUMBER                                                                                                  |                                           |                                |                                        |                          |    |
| EMERGENCY CONTACT<br>NAME & RELATIONSHIP                                                                                       |                                           |                                |                                        |                          |    |
| EMERGENCY CONTACT<br>PHONE NUMBER                                                                                              |                                           |                                |                                        |                          |    |
| EMERGENCY CONTACT<br>E-MAIL                                                                                                    |                                           |                                |                                        |                          |    |
| DO YOU HAVE ANY FOOD ALLERGIES OR<br>STRONG FOOD PREFERENCES?                                                                  |                                           | <input type="checkbox"/>       | YES                                    | <input type="checkbox"/> | NO |
| IF YES, PLEASE EXPLAIN<br>(severity of allergy, symptoms,<br>contact sensitivity, etc.)                                        |                                           |                                |                                        |                          |    |
| DO YOU HAVE ANY MAJOR MEDICAL CONCERNS THAT COULD AFFECT YOUR<br>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 <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<br>Advertiser | <input type="checkbox"/> Newsletter                      | <input type="checkbox"/> Instagram | <input type="checkbox"/> Website |
| <input type="checkbox"/> Store<br>Flyer     | <input type="checkbox"/> Friend/Family<br>Recommendation | Other:                             |                                  |

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## Application Form

**\*\*\*Please provide passengers' names exactly as on valid passports\*\*\***

### PASSENGER ②

|                                                                                                                                |                                           |        |                                        |             |                             |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------|----------------------------------------|-------------|-----------------------------|
| LAST NAME                                                                                                                      |                                           |        |                                        |             |                             |
| FIRST NAME                                                                                                                     |                                           |        |                                        |             |                             |
| MIDDLE NAME                                                                                                                    |                                           |        |                                        |             |                             |
| DATE OF BIRTH<br>(MM/DD/YYYY)                                                                                                  |                                           | Gender |                                        | Citizenship |                             |
| PASSPORT NO.                                                                                                                   |                                           |        | DATE OF EXPIRY<br>(MM/DD/YYYY)         |             |                             |
| E-MAIL ADDRESS                                                                                                                 |                                           |        |                                        |             |                             |
| PHONE NUMBER                                                                                                                   |                                           |        |                                        |             |                             |
| HOME ADDRESS                                                                                                                   |                                           |        |                                        |             |                             |
| AIRLINE MILEAGE<br>INFORMATION                                                                                                 | AIRLINE                                   |        | ACC NO.                                |             |                             |
| GLOBAL ENTRY<br>or TSA NUMBER                                                                                                  |                                           |        |                                        |             |                             |
| EMERGENCY CONTACT<br>NAME & RELATIONSHIP                                                                                       |                                           |        |                                        |             |                             |
| EMERGENCY CONTACT<br>PHONE NUMBER                                                                                              |                                           |        |                                        |             |                             |
| EMERGENCY CONTACT<br>E-MAIL                                                                                                    |                                           |        |                                        |             |                             |
| DO YOU HAVE ANY FOOD ALLERGIES OR<br>STRONG FOOD PREFERENCES?                                                                  |                                           |        | <input type="checkbox"/>               | YES         | <input type="checkbox"/> NO |
| IF YES, PLEASE EXPLAIN<br>(severity of allergy, symptoms,<br>contact sensitivity, etc.)                                        |                                           |        |                                        |             |                             |
| DO YOU HAVE ANY MAJOR MEDICAL CONCERNS THAT COULD AFFECT YOUR<br>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

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### PASSENGER ③

|                                                                                                                                |                                           |        |                                        |             |                             |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------|----------------------------------------|-------------|-----------------------------|
| LAST NAME                                                                                                                      |                                           |        |                                        |             |                             |
| FIRST NAME                                                                                                                     |                                           |        |                                        |             |                             |
| MIDDLE NAME                                                                                                                    |                                           |        |                                        |             |                             |
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| PASSPORT NO.                                                                                                                   |                                           |        | DATE OF EXPIRY<br>(MM/DD/YYYY)         |             |                             |
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| PHONE NUMBER                                                                                                                   |                                           |        |                                        |             |                             |
| HOME ADDRESS                                                                                                                   |                                           |        |                                        |             |                             |
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| GLOBAL ENTRY<br>or TSA NUMBER                                                                                                  |                                           |        |                                        |             |                             |
| EMERGENCY CONTACT<br>NAME & RELATIONSHIP                                                                                       |                                           |        |                                        |             |                             |
| EMERGENCY CONTACT<br>PHONE NUMBER                                                                                              |                                           |        |                                        |             |                             |
| EMERGENCY CONTACT<br>E-MAIL                                                                                                    |                                           |        |                                        |             |                             |
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### PASSENGER ④

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| LAST                                                                                                                           | NAME                                      |                                |                                        |                          |    |
| FIRST                                                                                                                          | NAME                                      |                                |                                        |                          |    |
| MIDDLE                                                                                                                         | NAME                                      |                                |                                        |                          |    |
| DATE OF BIRTH<br>(MM/DD/YYYY)                                                                                                  |                                           | Gender                         |                                        | Citizenship              |    |
| PASSPORT NO.                                                                                                                   |                                           | DATE OF EXPIRY<br>(MM/DD/YYYY) |                                        |                          |    |
| E-MAIL                                                                                                                         | ADDRESS                                   |                                |                                        |                          |    |
| PHONE                                                                                                                          | NUMBER                                    |                                |                                        |                          |    |
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| EMERGENCY CONTACT<br>PHONE NUMBER                                                                                              |                                           |                                |                                        |                          |    |
| EMERGENCY CONTACT<br>E-MAIL                                                                                                    |                                           |                                |                                        |                          |    |
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