HIS Hawaii

Destination Naoshima Tour 2027
April 16 - 26, 2027

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					
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:	

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