HIS Hawaii

Edge of Hokkaido Tour 2027
June 12 - 23, 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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