HIS Hawaii

Taste of Italy Tour
May 9 - May 21, 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 (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:	

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