## **APPLICATION FORM**

## OKINAWA AND FUJI CRAFT SAKURA TOUR #1

## <u>Jan. 22 - Feb. 03, 2024</u>

## TOUR Number or Tour Name: <u>OKINAWA AND FUJI CRAFT SAKURA TOUR #1</u> PLEASE TYPE or PRINT: (<u>Name as it appears on passport</u>)

| Mr. Mrs./Ms   |  |  |   |                          |
|---|--|--|---|--------------------------|
| Last  | First  | Middle Name  |   |                          |
| Address   |  |  |   |                          |
| Street  | City   | S  | tate  | Zip code                 |
| Home Phone #:   |  | Cell Phone #:  |   |                          |
| Occupation:   | · · · · · · · · · · · · · · · · · · ·  | Birth Date:  |   |                          |
| Passport No:  | · · · · · · · · · · · · · · · · · · ·  | Birth Date:<br>Issue Date:   | Expir                                       | ration:                  |
| E-mail address:   |  |  |   |                          |
| In case of emergency, contact:  |  |  |   |                          |
| Relationship:   |  | Phone:   |   |                          |
| Rooming: Single Twin(1/2 be<br>Requested roommate(s):   | ds) Triple(3 b   | eds) Smoking   | Room:                                       | No Smoking               |
| I am also signing up for:   |  |  |   |                          |
| Mr. / Mrs. / Ms.  |  |  |   |                          |
|   |  | Birth Date:  |   |                          |
| Passport No.:   | Iss  | ssue Date: Expiration:   |   |                          |
| *** Please Send Copy of Passport!   |  |  |   |                          |
| Meal Request: Things you cannot   |  | 0.1  |   |                          |
| Sashimi: Fish: Shellfish:   | Raw Seafood  | : Other:   | Oth   | er:                      |
| Pork: Meat: Chicken: Detail Description of Items:   | Dairy Items:   | Nuts:  | Lov   | w Sodium:                |
| Sign up First Come First Serve Full<br>any increase in taxes, fuel surcharge<br>paying tour members:<br>** Exchange rate: Price based @ T<br>TWIN / TRIPLE: \$5,400.00 per pr<br>Please make checks payable to RI<br>A deposit of \$200.00 per person is r<br>Credit Card Payment only for the air<br>Airlines Information: Own Air:<br>Charging Air: Yes No: Se<br>Charge Card Number: | s, and fluctuation in<br><b>130 -135 Japan Yen</b><br>erson<br>NL TOURS, LLC.<br>equired to "Hold" real<br>r portion.<br>Going with<br>eating Request:<br>Expiration Date: | exchange rates. To<br>per U.S. dollars*<br>SINGLE: \$6,25<br>servation.<br>Group: Ex<br>Traveling with:<br>Name on | ur Cost: bas<br>*<br><b>0.00 per pe</b><br> | sed on 25-35 full  srson |
| NAME on Mileage Card:<br>Mileage Numbers: JAL:<br>Mileage Numbers: JAL:<br>Bus Seating: Motion Sickness Ro  | НА:<br>НА:   | GLOBA<br>GLOBA   | L#  |                          |
| Bus Seating: Motion Sickness Ro   | tate: No Rotate _  | Wheelchair:  |   |                          |
| Would you like to purchase travel<br>the office) I/We the undersigned hav<br>the above stated tour and agree to th  | ve read carefully and  | understand the Ge  | neral Condi                                 | tions pertaining t       |

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_