## **TOUR APPLICATION FORM**

Japan Deluxe Tours, Inc. 1820 W. Carson Street, Suite 224, Torrance, California 90501 Tel : 1-800-285-2726 or 310-327-1111 Fax : 310-327-1111 Email : info@japandeluxetours.com



Bold face	indicates re	equired fields. Please	print. Any information	on given ner	e remains stric	tiy within Ira	vel Oriented	, INC.	
Section A Primary Passenger Information	Full Name Title	(exactly as printed on <u>s</u> Last Name	n your passport - No nicknames) First Name Age Email Addr		Middle Name				
	Date of Bir	th (MM/DD/YYYY)			SS				
	Mailing Ad	dress	Apt./Unit./Suite #						
	City		State / Prefecture		Zip / Postal Code		Country		
	Daytime Phone		Type of Phone #		Evening Phone		Type of Phone #		
	Passport Issuing Country Passport N			umber Passport Exp. Date (MM/DD/YY)					
Section B Summary of this booking	Tour Name			Tour Date	PI		r of Passenger in Your Party lease fill out additional passenger informations n page 2 if the party is more than 2 passengers.		
	TourType H			Hotel Roo	Hotel Room Type				
	O Air Inclu	usive Package OLan	d Only Package	Single	Twin	Triple			
	Pre/Post Stay Early Check-in   *Single: \$240USD / Twin: \$280USD / Triple: \$420USD / per room *Early Check in available from 9:00am for those of you arriving early. \$50USD / person   O Pre-tour stay O Post-tour stay O Early Check-in   Nights Nights								
	Airport Transfers   Departure Transfers								
	Flight Departure Date (MM/DD/YY) Departure Airport								
Section C Payment Info	Form of Pa	yment it Card (Authorization	Form required)	Cash / Check	. / Money Order	O PayPal	Ото	Be Determined	
Section D Special Request									
l confirm	n that I have	e read and understa	nd all important issu	es described	in the Terms &	& Conditions a	and the Tour	Agreement.	
Print Name Date (MM/DD/YYYY) /								/	
1) You must read, fu 2) Travel Insurance -	Illy understand, a - Japan Deluxe Te	and agree to these documen our requires that all custome	ant issues before making a ts. (Package tour Application rs are fully covered against pe when traveling to Japan othe	Form, Terms & Co ersonal injury and	illness and have rep	atriation cover.	anadian nationals	do NOT require visas	<b>1</b> 5.

4) Name(s) - It is important that the name(s) you supply to us are complete and correct and match exactly (no nicknames, or abbreviations) with that appearing on your passport. 5) Terms & Conditions, Release of Liability - At the end of Tour Application Form you will be asked to sign and confirm that you have read, understand and agreed to the Terms & Conditions and Release of Liability (name 1-9 on supplement document) and also that you will have the relevant insurance in place at the time of travel

Release of Liability (page 1-9 on supplement document) and also that you will have the relevant insurance in place at the time of travel. You may choose not to read the small print but we advise that it is important to do so.

## **Additional Passenger Information Form**

	Name of the Primary	Passenger					
Additional Passenger 1	Full Name (exactly as printed on your passport - No nicknames)   Title Last Name   First Name			Middle Name			
	Date of Birth (MM/DD/YYYY)	Age	Email Address				
	Check here if contact informa Mailing Address	tion is same as the p	rimary passenger.	. Otherwise fill out this	section. Apt./Unit./Suite #		
	City State / Prefecture		2	Zip / Postal Code	Country		
	Daytime Phone	Type of Phone #		Evening Phone	Type of Phone #		
	Passport Issuing Country Passport Number			Passport Exp. Date (MM/DD/YY)			
Additional Passenger 2	Full Name (exactly as printed on y Title Last Name	our passport - No nicknames) <b>First Name</b>			Middle Name		
	Date of Birth (MM/DD/YYYY)	Age	Email Address				
	Check here if contact informa Mailing Address	tion is same as the p	r. Otherwise fill out this section. Apt./Unit./Suite #				
	City	State / Prefecture	2	Zip / Postal Code	Country		
	Daytime Phone	Type of Phone #		Evening Phone	Type of Phone #		
	Passport Issuing Country	Passport Number		Passport Exp. Date (MM/DD/YY)			
Additional Passenger 3	Full Name (exactly as printed on your passport - No nicknames) Title Last Name First Name			Middle Name			
	Date of Birth (MM/DD/YYYY)	Age	Email Address				
	Check here if contact informa Mailing Address	tion is same as the p	rimary passenger.	jer. Otherwise fill out this section. Apt./Unit./Suite #			
	City	State / Prefecture		Zip / Postal Code	Country		
	Daytime Phone	Type of Phone #		Evening Phone	Type of Phone #		
	Passport Issuing Country	Number	nber Passport Exp. Date (MM/DD/YY)				