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 required fields. Please print. Any information given here remains strictly within Travel Oriented, Inc.

| Section A Primary Passenger Information | Full Name (exactly as printed on your passport - No nickname Title Last Name First No. | | | | | | | | | ddle Name | |
|--|--|---------------------|------------------------------------|------------|---------------------|-------------|-----------------------|-----------|--------------------|--|------------|
| | Date of Birth (MM/ | DD/YYYY) | Age | Email | Address | | | | | | |
| | Mailing Address | | | | | | | Apt./l | Jnit./Suit | e # | |
| | City State / Prefecture | | | ture | Zip / Postal Code | | | | Country | | |
| | Daytime Phone Type of Phone # | | | e # | Evening Phone | | | | Type of Phone # | | |
| | Passport Issuing Country Passport N | | | | lumber Passport Exp | | | | o. Date (MM/DD/YY) | | |
| Section B Summary of this booking | Tour Name | | | Tou | r Date (M | M/DD/YY) | Nu | Please fi | ll out addition | r in Your Part onal passenger in ty is more than 2 | formations |
| | TourType | | | | Hotel Room Type | | | | | | |
| | O Air Inclusive Pac | kage 🔘 Land | l Only Package | Sing | le | Twin | Triple | | | | |
| | Pre/Post Stay | | | | | | | | | | |
| | O Pre-tour stay | O Post-to | ur stay | | | | | | | | |
| | Nights Airport Transfers | | Nights | | | | | | | | |
| | | Departure Transfers | | | | | | | | | |
| | Flight Departure Date (MM/DD/YY) Departure Airport | | | | | | | | | | |
| Section C | Form of Payment | | | | | | | | | | |
| Payment Info | O Credit Card (A | O Cash / | Cash / Check / Money Order O PayPa | | | ıyPal | al O To Be Determined | | | | |
| Section D Special Request | | | | | | | | | | | |
| ☐ I confirm | n that I have read a | nd understan | d all important | issues des | cribed in | the Terms & | & Conditi | ons and t | he Tour | Agreement. | |
| Print Name | | | | | | Date (N | MM/DD/Y | YYY) | 1 | 1 | |

Please make sure that you are aware of the following important issues before making a reservation.

- 1) You must read, fully understand, and agree to these documents. (Package tour Application Form, Terms & Conditions, Tour Agreement.)
- 2) Travel Insurance Japan Deluxe Tour requires that all customers are fully covered against personal injury and illness and have repatriation cover.
- 3) Passports Your passport must have at least 6months validity when traveling to Japan otherwise you may be refused entry to the country. US and Canadian nationals do NOT require visas.
- 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 (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 Title Last Name | | knames) irst Name | | | | |
| | Date of Birth (MM/DD/YYYY) | Age | Email Address | | | | |
| | Check here if contact information Mailing Address | tion is same as the pri | imary passenger. 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 | Passport Number | | Passport Exp. Date (MM/DD/YY) | | | |
| Additional Passenger 2 | Full Name (exactly as printed on your Title Last Name | our passport - No nicknames) First Name | | Middle Name | | | |
| | Date of Birth (MM/DD/YYYY) | Age | Email Address | | | | |
| | Check here if contact information is same as the primary passenger. Otherwise fill out this section. Mailing Address Apt./Unit./Suite # | | | | | | |
| | City | State / Prefecture | | 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 Title Last Name | our passport - No nicknames) First Name | | Middle Name | | | |
| | Date of Birth (MM/DD/YYYY) | Age | Email Address | | | | |
| | Check here if contact information Mailing Address | tion is same as the pri | mary passenger. | 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 | Passport Number | | Passport Exp. Date (MM/DD/YY) | | | |