



# Hokkaido Snow Festivals Tour

Coordinated by the Japanese Cultural and Community Center of Northern California

## Tour Application Form

February 1 – February 8, 2010

### Participant A

Name:  Mr.  Mrs.  Ms. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (As it appears on the passport.) (given, first name) (middle initial) (family name)

Home address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (City) (State) (Zip)

Phone: ( \_\_\_\_\_ ) Fax: ( \_\_\_\_\_ ) E-mail: \_\_\_\_\_  
 Work address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (City) (State) (Zip)

Phone: ( \_\_\_\_\_ ) Fax: ( \_\_\_\_\_ )

Please send information to: Home: \_\_\_\_\_ Business: \_\_\_\_\_  
 Passport No.: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
 Issuing agency: \_\_\_\_\_ Country Issuing Passport: \_\_\_\_\_

### Participant B (Friend/Spouse/Family Participant)

Name:  Mr.  Mrs.  Ms. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (As it appears on the passport) (given , first name) (middle initial) (family, last name)

Home address (if different): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (City) (State) (Zip)

Phone: ( \_\_\_\_\_ ) Fax: ( \_\_\_\_\_ ) E-mail: \_\_\_\_\_

Affiliation: \_\_\_\_\_ Title: \_\_\_\_\_

Passport No.: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
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(Additional person(s), please use attached additional sheet)

Accommodations: (6 nights)

Double/Double \_\_\_\_\_ Single Supplement: (extra cost) \_\_\_\_\_

Roommate Name (s): \_\_\_\_\_ (If different than above)

Smoking Room: \_\_\_\_\_ Non-smoking Room: \_\_\_\_\_

All hotel rates include: Breakfast (at hotel), Room charge, Tax and Service.

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Tour Deviation:

If you will be deviating from the group air or hotel arrangements, please indicate below:

(Note: There is a \$500 deviation charge for participants making your own flight arrangements)

TOUR COST:

The cost of the tour is \$3074 based on double occupancy. (The cost includes round trip airfare from San Francisco (or LAX) to Tokyo Narita; inland flight from Narita to Sapporo, from Asahikawa to Tokyo (Haneda) private motor coach, 6 hotel nights, 6 breakfasts, 1 lunch and 4 dinners; admission fees, taxes, baggage transfer fees, fuel surcharge and handling fees.) Other departure airfares available.

(Cost does not includes, alcohol at included meals, optional lunches and dinners, personal spending, taxi's)

Special Meal Request on flight (if any):\_\_\_\_\_

(Please note that your US Passport must not expire within 6 months of your journey to Japan)

POST-OPTION TOUR

(The post-option tour details and cost are still being arranged)

Please indicate, if you are interested in more information: Yes \_\_\_\_ No \_\_\_\_

Payment Policy:

Please make your payment on the following schedule (or in one payment) to confirm your space.

- (1) \$250.00 deposit by, November 15, 2009 with completed Application Form
- (2) 50% of tour fare due by December 18, 2009
- (3) Balance of the tour fare by January 9, 2010

I am enclosing a deposit check for \_\_\_\_\_ person(s). (\$250 per person)

Total: \_\_\_\_\_

Please charge my credit card in the amount of \$\_\_\_\_\_ for \_\_\_\_\_ person(s).

Credit Card: VISA \_\_\_\_\_ MASTERCARD\_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cancellation Policy:

After December 1, 2009	\$250
After December 18, 2009	30% of total tour fare
After December 31, 2009	50% of total tour fare
After January 15, 2010	100% of total tour fare

Travel Insurance (Optional)

Yes, I would like Travel Insurance information: (Please check) Yes \_\_\_\_\_ No \_\_\_\_\_

Go to: <http://www.kintetsu.com/insurance/>

We recommend that you have some type of travel insurance for this trip. If you are interested in travel insurance, we can provide information or make a referral. (Note: in some cases charging on your credit card and AAA carries certain travel insurance coverage; inquire with your card company.)

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Please make the \$250.00 deposit per person payable to: "JCCCNC" and mail it along with all forms/application by November 15, 2009 to the JCCCNC at 1840 Sutter Street, San Francisco, CA 94115. Facsimile 415-567-4222. Should you have any questions regarding travel arrangements, please call 415-567-5505.

Applications can be e-mailed w/credit card information to: [rhata@jcccnc.org](mailto:rhata@jcccnc.org)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Participant A)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Participant B)

PLEASE ADD ADDITIONAL PARTICIPANTS.

ADDITIONAL PARTICIPANTS

Name:  Mr.  Mrs.  Ms. / /  
(As it appears on the passport.) (given, first name) (middle initial) (family name)  
Home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: ( ) (City) (State) (Zip) Fax: ( ) E-mail: \_\_\_\_\_  
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(Additional person[s], please use reverse side or additional sheet)