



**All Japan Tours** 337 N. Vineyard Ave, Suite 215, Ontario, CA 91764, USA  
 Toll Free: 1-855-325-2726 (US/CANADA) Tel: 1-909-988-8885  
 Fax: 1-909-349-1736 E-mail: info@alljapantours.com

Date / /

**Tour Reservation Form** Please complete this reservation form and send it by fax to 1-909-349-1736

**Tour Information**

**Tour Name**

---

**Tour Start Date (MM/DD/YY)**

---

Yes, I am a travel agency

**Travel Agent Information**

**Travel Agent Name**

Title	First Name	Middle Name	Last Name
-------	------------	-------------	-----------

---

**Company Name**

---

**Company Address**

Street Address	Apt/Suite/Bldg	City	State/Region	Zip/Postal code	Country
----------------	----------------	------	--------------	-----------------	---------

---

**E-mail Address** **Phone Number**

---

**Passenger Information**

**Number of Guests**

Adults (12 & up)	Child below (12 with bed)	Child below (12 with no bed)
---------------------	------------------------------	---------------------------------

---

**Hotel Room Type**

Single Room	Twin Room	Double Room	Triple Room
-------------	-----------	-------------	-------------

Please note: Double rooms are very limited in Japan, and also there are no double room at Japanese style ryokans. Therefore, not all requests for double rooms can be met.

Non-Smoking Room  Smoking Room

**Pre & Post Stay Extension**

Pre-stay hotel night(s)	Post-stay hotel night(s)
-------------------------	--------------------------

---

**International flights** **Would you like us to arrange international flights for you? (US departures only)**

Yes, I need an arrangement of international flight.

Special Request:

**Special Request**  
 (Meal request,  
 medical attention,  
 special assistance etc)

---

## Payment Information

A deposit of US\$200 per person must be remitted in order to process this registration.  
 Deposit applies to land packages only, air travel will be purchased separately.  
 If you are paying by check, your deposit must be received by our office within 10 business days to avoid cancellation.

- Credit Card
- Check
- PayPal
- Wire Transfer

## Primary Passenger

<b>Name</b>	Title	First Name	Middle Name	Last Name
-------------	-------	------------	-------------	-----------

---

<b>Date of Birth</b>	Month	Day	Year	Age
----------------------	-------	-----	------	-----

---

<b>Passport Information</b>	Nationality	Passport Number	Expire Date (MM/DD/YY)
-----------------------------	-------------	-----------------	------------------------

---

Please note: If you don't have your passport information right now, you can send us the information by email anytime prior to departure.

<b>Mailing Address</b>	Street Address	Apt/Suite/Bldg	City	State/Region	Zip/Postal code	Country
------------------------	----------------	----------------	------	--------------	-----------------	---------

---

<b>E-mail Address</b>	<b>Phone Number</b>
-----------------------	---------------------

---

**I confirm that I have read, understood and agreed to all issues described in the Terms & Conditions**

## Passenger 2

<b>Name</b>	Title	First Name	Middle Name	Last Name
-------------	-------	------------	-------------	-----------

---

<b>Date of Birth</b>	Month	Day	Year	Age
----------------------	-------	-----	------	-----

---

<b>Passport Information</b>	Nationality	Passport Number	Expire Date (MM/DD/YY)
-----------------------------	-------------	-----------------	------------------------

---

Please note: If you don't have your passport information right now, you can send us the information by email anytime prior to departure.

**Check here if contact information is same as the primary passenger. Otherwise fill out this section.**

<b>Mailing Address</b>	Street Address	Apt/Suite/Bldg	City	State/Region	Zip/Postal code	Country
------------------------	----------------	----------------	------	--------------	-----------------	---------

---

<b>E-mail Address</b>	<b>Phone Number</b>
-----------------------	---------------------

---

