

Group Application Form of Hokkaido Garden Path in 2018 for 4 Gardens

For Travel agency

Course No. _____

Date / /2018

Depart	Country _____ City _____																							
Tour name	_____																							
Travel agency details	company _____	Name of Branch _____ Name of Dept. _____																						
	Postal code _____																							
	Address _____	TEL _____																						
		FAX _____																						
		Tour conductor _____																						
Person in charge	Person in charge _____	Mr./Mrs. /Miss. /Sender _____ Mr./Mrs. /Miss. _____																						
E-mail Address	_____																							
Visit Day and Time	① Daisetsu Mori-no Garden ② Ueno Farm ③ Kaze-no Garden ④ Tokachi Sennen-no Mori																							
	⑤ Manabe Garden ⑥ Tokachi Hills ⑦ Shichiku Garden ⑧ Rokka-no Mori																							
	① Day ② Day ③ Day ④ Day																							
	order _____ → _____ → _____ → _____																							
Estimated Arrival	_____ : _____	_____ : _____																						
Number of applicant	Adults _____	Tour conductor _____																						
	Children _____	tour Crew _____																						
	Etc. _____																							
	Total _____																							
Transport	① Bus () Name of bus company _____ ② Train ③ Etc.																							
Payment	① Cash																							
	※Cash Only. ① Tour conducto () ② Tour Crew () ③ Guest ()																							
Please circle planned days for tour. *Valid ticket period Mar. 19 - Oct. 14																								
Ma																	19	20	21	22	23			
y	24	25	26	27	28	29	30	31																
Jun	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
	24	25	26	27	28	29	30																	
Jul	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
	24	25	26	27	28	29	30	31																
Aug	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
	24	25	26	27	28	29	30	31																
Sep	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
	24	25	26	27	28	29	30																	
Oct	1	2	3	4	5	6	7	8	9	10	11	12	13	14										
Contact Details: Hokkaido Garden Path Inc.																								
Email info@hokkaido-garden.jp FAX +81-155-63-7778																								
Travel agency		Hokkaido Garden Path										application No.												
Person in charge	Sender	Daisetsu	Ueno	Kaze-no	Tokachi Sennen-no	Manabe	Tokachi Hills	Sichiku	Rokka	Secretariat														

Please fill in and append the application form with mail.
Please allow few days to replay.

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E-mail Address	_____										
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	① Day	② Day	③ Day	④ Day							
	order _____ → _____ → _____ → _____ →										
	Estimated Arrival : _____ : _____ : _____ : _____ :										
	⑤ Day	⑥ Day	⑦ Day	⑧ Day							
order _____ → _____ → _____ → _____ →											
Estimated Arrival : _____ : _____ : _____ : _____ :											
Number of applicant	Adults _____	Tour conductor _____									
	Children _____	tour Crew _____									
	Etc. _____										
	Total _____										
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	*Cash Only. ① Tour conductor (_____) ② Tour Crew (_____) ③ Guest (_____)										
Please circle planned days for tour. *Valid ticket period Mar. 19 - Oct. 14											
Ma		19 20 21 22 23									
y	24 25 26 27 28 29 30 31										
Jun	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23										
	24 25 26 27 28 29 30										
Jul	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23										
	24 25 26 27 28 29 30 31										
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