

Group Application Form of Hokkaido Garden Path in 2017 for 4 Gardens

For Travel agency

Course No. _____

Date _____ / _____ /2017

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. 13 - Oct. 15																								
Ma													13	14	15	16	17	18	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																
Au	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
g	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	15									
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.

Group Application Form of Hokkaido Garden Path in 2017 for 8 Gardens

For Travel agency

Course No. _____

Date _____ / _____ /2017

Depart	Country _____		City _____																					
Tour name	_____																							
Travel agency details	company _____		Name of Branch _____																					
	Name of Dept. _____		Name of Dept. _____																					
	Postal code _____		_____																					
	Address _____		TEL _____																					
	_____		FAX _____																					
Person in charge	_____		Tour conductor _____																					
	Person in charge _____		Sender _____																					
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 _____	_____	_____	_____																				
	⑤ Day	⑥ Day	⑦ Day	⑧ Day																				
order _____	→ _____	→ _____	→ _____																					
Estimated Arrival _____	_____	_____	_____																					
Number of applicant	Adults _____	Tour conductor _____		_____																				
	Children _____	tour Crew _____		_____																				
	Etc. _____	_____																						
	Total _____	_____																						
Transport	① Bus () _____		Name of bus company _____																					
Payment	① Cash _____																							
	*Cash Only.																							
	① Tour conducto () _____		② Tour Crew () _____																					
③ Guest () _____		_____																						
Please circle planned days for tour. *Valid ticket period Mar. 13 - Oct. 15																								
Ma														13	14	15	16	17	18	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	15									
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.