



TOKYO CITY TUOR

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TEL +81-3-6667-0166

FAX +81-3-6667-0167

E-mail: tctour@tctour.co.jp

Date / /

**Tour Reservation Form**

Please complete this reservation form and send it by fax to +81-3-6667-0167

**Tour Information**

Tour Name

Tour Start Date(MM/DD/YY)

Number of adult guests

Number of child guests(under12)

Departure Airport

Hotel Room Type

Smoking

Single(1bed)

Non Smoking

Twin(2beds)

Triple(3beds)

Pre-stay hotel

nights

Post-stay hotel

nights

Special Request(meal request, medical attention, special assistance etc.)

**Payment Information**

- Credit Card(Authorization Form required)
- Half deposit and a rest payment on the spot in Cash
- Pay into our bank account

**Primary Passenger**

Full Name exactly printed on your passport

Title

Last Name

First Name

Middle Name

Date of Birth(MM/DD/YY)

Age

Mailing Address

APT./Unit

City

State/Region

Zip/Postal Code

Country

Contact phone number

E-mail address

Passport Issuing Country

Passport Number

Passport Exp. Date(MM/DD/YY)

Your pass must have at least 6months remaining when entering Japan

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

### Passenger 2

Full Name exactly printed on your passport

Title Last Name First Name Middle Name

Date of Birth(MM/DD/YY)

Age

Mailling Address

APT./Unit City State/Region Zip/Postal Code Country

Contact phone number

E-mail address

Passport Issuing Country

Passport Number

Passport Exp. Date(MM/DD/YY)

Your pass must have at least 6months remaining when entering Japan

### Passenger 3

Full Name exactly printed on your passport

Title Last Name First Name Middle Name

Date of Birth(MM/DD/YY)

Age

Mailling Address

APT./Unit City State/Region Zip/Postal Code Country

Contact phone number

E-mail address

Passport Issuing Country

Passport Number

Passport Exp. Date(MM/DD/YY)

Your pass must have at least 6months remaining when entering Japan

### Passenger 4

Full Name exactly printed on your passport

Title Last Name First Name Middle Name

Date of Birth(MM/DD/YY)

Age

Mailling Address

APT./Unit City State/Region Zip/Postal Code Country

Contact phone number

E-mail address

Passport Issuing Country

Passport Number

Passport Exp. Date(MM/DD/YY)

Your pass must have at least 6months remaining when entering Japan