

# Group Application Form of Hokkaido Garden Path in 2019 for 4 Gardens

For Travel agency

Course No. \_\_\_\_\_

Date / /2019

<b>Depart</b>	Country _____ City _____																						
<b>Tour name</b>	_____																						
<b>Travel agency details</b>	company _____	Name of Branch _____ Name of Dept. _____																					
	Postal code _____																						
	Address _____	TEL _____																					
		FAX _____																					
		Tour conductor _____																					
<b>Person in charge</b>	Person in charge _____	Mr./Mrs. / Miss. / Sender _____ Mr./Mrs. / Miss. _____																					
<b>E-mail Address</b>	_____																						
<b>Visit Day and Time</b>	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 _____ : _____ : _____ : _____ :																					
<b>Number of applicant</b>	Adults _____	Tour conductor _____																					
	Children _____	tour Crew _____																					
	Etc. _____																						
	Total _____																						
<b>Transport</b>	① Bus ( ) Name of bus company _____ ② Train ③ Etc.																						
<b>Payment</b>	① Cash																						
	※Cash Only. ① Tour conducto ( ) ② Tour Crew ( ) ③ Guest ( )																						
<b>Please circle planned days for tour. *Valid ticket period Mar. 18 - Oct. 14</b>																							
Ma															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									
<b>Contact Details: Hokkaido Garden Path Inc.</b>																							
<b>Email info@hokkaido-garden.jp FAX +81-155-63-7778</b>																							
<b>Travel agency</b>		<b>Hokkaido Garden Path</b>										<b>application No.</b>											
<b>Person in charge</b>	<b>Sender</b>	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 2019 for 3 Gardens

For Travel agency

Course No. \_\_\_\_\_

Date / /2019

<b>Depart</b>	Country _____ City _____																						
<b>Tour name</b>	_____																						
<b>Travel agency details</b>	company _____	Name of Branch _____ Name of Dept. _____																					
	Postal code _____																						
	Address _____	TEL _____																					
		FAX _____																					
		Tour conductor _____																					
<b>Person in charge</b>	Person in charge _____	Mr./Mrs. / Miss. / Sender _____ Mr./Mrs. / Miss. _____																					
<b>E-mail Address</b>	_____																						
<b>Visit Day and Time</b>	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																						
	order _____ → _____ → _____ Estimated Arrival    :    :    :																						
<b>Number of applicant</b>	Adults _____	Tour conductor _____																					
	Children _____	tour Crew _____																					
	Etc. _____																						
	Total _____																						
<b>Transport</b>	① Bus (       ) Name of bus company _____ ② Train ③ Etc.																						
<b>Payment</b>	① Cash																						
	※Cash Only. ① Tour conducto (       ) ② Tour Crew (       ) ③ Guest (       )																						
<b>Please circle planned days for tour. *Valid ticket period Mar. 18 - Oct. 14</b>																							
Ma															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									
<b>Contact Details: Hokkaido Garden Path Inc.</b>																							
<b>Email info@hokkaido-garden.jp FAX +81-155-63-7778</b>																							
<b>Travel agency</b>		<b>Hokkaido Garden Path</b>										<b>application No.</b>											
<b>Person in charge</b>	<b>Sender</b>	Daisetsu	Ueno	Kaze-no	Tokachi Sennen-no	Manabe	Tokachi Hills	Sichiku	Rokka	Secretariat													

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# Group Application Form of Hokkaido Garden Path in 2019 for 8 Gardens

For Travel agency

Course No. \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ /2019

<b>Depart</b>	Country _____ City _____										
<b>Tour name</b>	_____										
<b>Travel agency details</b>	company _____	Name of Branch _____ Name of Dept. _____									
	Postal code _____										
	Address _____	TEL _____									
		FAX _____									
		Tour conductor _____									
<b>Person in charge</b>	Person in charge _____	Mr./Mrs./Miss. _____ Sender _____ Mr./Mrs./Miss. _____									
<b>E-mail Address</b>	_____										
<b>Visit Day and Time</b>	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 : _____ : _____ : _____ : _____ :											
<b>Number of applicant</b>	Adults _____	Tour conductor _____									
	Children _____	tour Crew _____									
	Etc. _____										
	Total _____										
<b>Transport</b>	① Bus ( ) _____ Name of bus company _____ ② Train ③ Etc.										
<b>Payment</b>	① Cash										
	*Cash Only. ① Tour conductor ( ) ② Tour Crew ( ) ③ Guest ( )										
<b>Please circle planned days for tour. *Valid ticket period Mar. 18 - Oct. 14</b>											
Ma		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										
<b>Contact Details: Hokkaido Garden Path Inc.</b>											
<b>Email info@hokkaido-garden.jp FAX +81-155-63-7778</b>											
<b>Travel agency</b>	Hokkaido Garden Path										application No.
<b>Person in charge</b>	Sender	Daisetsu	Ueno	Kaze-no	Tokachi Sennen-no	Manabe	Tokachi Hills	Sichiku	Rokka	Secretariat	

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