### **Rules and Restrictions**

- We suggest that Passports be valid for 6 months past dates of travel with 1 blank page for entry stamps
- o Passengers with foreign passports (other than U.S passports) may need to obtain visa. Please call the Consulate-General of Japan in Honolulu at 808-543-3111 for visa information.
- o Price/Schedule is subject to change by vendor
- o Minimum 20 people are required to guarantee the departure.
- o No immunizations are required for travel.
- O A moderate degree of physical health and Physical ability is required to participate in the tour. In the event of special physical or mental needs, JTB USA cannot assume any responsibility in relation to the difficulty or impossibility that the said passenger may encounter in undertaking the activities planned for the tour, nor can JTB USA assume any responsibility for providing assistance for their adaption to, or continuation of, the trip.
- o JTB USA reserves the right to suspend any tour for passengers whose physical and/or mental conditions make their participation very difficult or dangerous to themselves or others. JTB USA likewise reserves the right to exclude passengers who significantly disrupt the smooth-running of the trip.

#### **TOUR ~ TERMS & CONDITIONS**

## 1. Deposit and Final Payment:

- A \$300.00 non-refundable deposit per person will be required at the time of booking.
- The remaining balance is due by Aug 1st 2019.
- If reservation is made after Aug 1st 2019 then full payment is due at time of booking.
- If remaining balance of payment is not made within the above-required period of time, JTB USA, Inc. reserves the right to cancel reservations.

# 2. Cancellations and Change Fees: (Please read very carefully)

• Regardless of reason, cancellations result in costly charges from travel and hotel providers covering penalties and fees incurred by canceling confirmed bookings. Therefore, the following fees will apply:

#### Cancellation or any changes within:

• Until Aug 1, 2019:

\$300 deposit

■ Aug 1st ~ Sept 15, 2019:

50% of the total tour fee

• From Sept 16, 2019:

No Refund

Other additional individual arrangements may not be refundable. Please check with our travel agents.

#### 3 Participation:

For the benefit of everyone in your tour group, JTB USA, Inc. reserves the right to accept or reject any person as a tour participant, and to remove from the tour any participant whose conduct is deemed incompatible with the interests of the other participants.

JTB USA, Inc. will notify participants of any changes by Aug 1st 2019.

\*\* There may be a possibility of operating tours with less than 20 participants, but changes to price and itinerary may become necessary.

#### 4 Responsibility:

The tour participant agrees that neither JTB USA, Inc. nor its affiliates shall be liable for any damage, loss (including personal injury, death, and property loss) or expense occasioned by any act or omission of any supplier providing services, or any insurer or insurance administrator under the Travel Protection Plan, or of any other person, or any other situations beyond the control of JTB USA, Inc., including weather, natural disaster, war, civil unrest, and order of government or immigration regulations.

We strongly advise that tour participants purchase the Optional Travel Insurance plans.

Please ask one of our travel consultants for more information or contact:

Travel Insured: https://www.travelinsured.com Or call 1-800-243-3174 / Office Number: 52919





# Japan Golf Tour Nov 2-10, 2019

# \*\*\* TOUR APPLICATION \*\*\*

# PLEASE PRINT CLEARLY AND ATTACH A COPY OF YOUR VALID PASSPORT

(NAME ON FORM MUST MATCH THE NAME AS SHOWN ON VALID PASSPORT)

١.	Last Name	First Name	Middle Name	(Please circ	ele one)	Date of Birth (MM/DD/YY)
	Passport Number	Expiration Date (l	MM / DD / YY)	Т	/pe: U.S.,	Japanese, or Other
2.	Last Name	First Name	Middle Name	MR., M (Please ci	S., MRS. rcle one)	/ / Date of Birth (MM/DD/YY)
	Passport Number		Expiration Date (MN	M / DD / YY)	Type: U.S.	, Japanese, or Other
3.	Last Name	First Name	Middle Name	MR., M (Please ci	S., MRS. rcle one)	/ / Date of Birth (MM/DD/YY)
	Passport Number	_	Expiration Date (MM	M/DD/YY)	Гуре: U.S.	, Japanese, or Other
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**Need travel insurance** YES or NO (Please circle one)

\*Please notify us of any food allergies, health issues or special attention requirements\*

Note: All information collected is confidential and will never be sold or used for other purposes besides this golf tour.