

Japan
Textiles Arts & Crafts tour

April 7 - 20, 2023

optional Kumano Kodo Walking Trail April 20-24

Please send completed registration form to

EYHO Tours Inc., 397 CRANBROOKE AVE., TORONTO ON M5M 1N4 Canada

Email: shila@eyhotours.com Tel: 1-801-EYHO (3946)

Name _____

(As it appears on your passport)

Address _____

Province/State _____

Postal/Zip Code _____

Phone (work) _____

Phone (home) _____

Email _____

Emergency Contact _____

Phone _____

Tour: Japan min 10 pax

Price per person in double occ. **USD 4950**

Single supplement **USD 1180**

*surcharge applies if min. # is not met

Itinerary attached.

Optional: 5 days Kumano Kodo Walking Trail: cost depends on

#pax

See attached itinerary. Please write us.

Payment

Please send **USD 800 deposit** to EYHO Tours along with this registration form. Payment options [here](#).

Balance due Dec 7, 2022

Tour conducted by EYHO Tours Inc. Travel Industry of Ontario accredited (TICO) Reg. 50029991. Please review [Additional terms and conditions](#) with regard to COVID-19 provisions.

Cancellation outside of COVID-19 provisions

More than 120 days before start: deposit is returned,

119 - 81 days before start: 35% payable

80 - 60 days before start : 40% payable

59 - 45 days before start : 60% payable

44 - 29 days before start : 90% payable

Less than 30 days : 100% payable

No refunds for domestic flights. We reserve the right to retain USD 100 admin fee.

Passport No. _____

Country of Citizenship _____

Date/Place of Issue _____

Date of Expiry _____

Day/Month/Year of Birth _____

Travel Insurance (can supply details later)

Trip interruption and medical travel insurance is mandatory for Japan tours according to govt regulations.

Travel Insurance Company: _____

Insurance No. _____

I assume all costs associated with medical expenses and repatriation on tour _____ (initial)

I am physically and emotionally fit for this tour ____ (initial)

International flight details (can supply later)

ARRIVAL City _____ Date _____

Airline _____ Flight _____ Time _____

DEPARTURE City _____ Date _____

Airline _____ Flight _____ Time _____

Any dietary restrictions or allergies?

Roommate Request _____

Signature _____

PRINT NAME _____

Date _____

Thank you!