APPLICATION FORM for Gyoda Tourist Guide				
Application Date (facsimiled)	Year:	Month:	Date:	Day of the week:
Name (Group Name)				
Representative Or Person in charge				
Address or Staying place				
Facsimile No.				
Telephone No.				
	Desired cor	nmunicatio	n: Date, Tim	e ( )
Desired Date:	Year: Month: Date:			
Time of Tour:	(Day of the Week: ): a.m. / p.m. ~: a.m. / p.m.			
Total time • Guide	Н	Min.		Yen
Fee				
Desired Course or Visiting Facilities				
Name of Tour:				
Number of				
Participants: Age group:				
◆Rough information is O.K on Name of Tour, Number of Participants etc. at this time.				
◆Facsimile and Telephone No. are necessary in case of a reply.				
General Incorporated Association Gyoda Omotenashi Tourism Bureau				
			Teleph	one: 0 4 8 - 5 7 7 - 8 4 4 2
			Facsin	nile: 0 4 8 - 5 7 7 - 6 I 4 3

■Please facsimile this Form after filling it.