	A 1:		-	
	Applica	ation I	d'orm	
Fill in the	blanks in English, p	lease	D	ate day / month / year
Name	Mr. Ms.		Nationality	
Phone No. Cellphone No.			Number of	
E-mail			Guests	Male ( ) person(s) Female ( ) person(s)
Please fill	out date and time you	request an	d check (🗹) the a	
Date	day month	Start at		Finish at :
Day	Sun. Mon.	Tue.	Wed. Thr.	Fri. Sat.
Meet Guide at	Yawata Tourist Information House Other: (in front of Keihan Yawatashi station) Place:			
Places you	would like to visit:		50002011)	11400
around : (our gu Request:	Iwashimizu Hachimangu ( i d <del>o</del> )	Shrine	inside of Shrine (by shrine's admis	Others sion)
Comments:				
	-f O :1			
	of our Guide		a adultuda — Ara i	
We are ple	ion you provide us will b ased to provide guide	e treated a e service i	s strictly confident n English for Tu	ial. Vashimizu Hachimangu Shrine .
Please refe	er to the following ter	ms on the	guided tour.	vasmmizu machinangu Shrine.
<ol> <li>Compens However as should be r</li> <li>We cannot</li> <li>One guide</li> <li>Application</li> <li>Two guide</li> </ol>	ation for our guiding is a ny incurred expenses, su net by you. (cable fee is a st assume responsibility to tour may take up to 6 for on of your tour should reasons will show you around	not necessand he as admission as admission per for any injustourists, gui ach to us ty Iwashimizu	ry. ssion fees or transperson) uries, losses or/and iding hours are ma wo weeks before vi Hachimangu Shri	ximum 3 hours .
We hope yo	ou enjoy your tour of	Yawata C	ity and your tra	vel throughout Japan.
				· ·· v wgav w v vapan.
	iawata 1 E−mai		ide Association agu i de2017@yaho	o co in
	FAX :	075-981-		о. оо. јр
				made in FEB. 2018
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	受付日 :	年 月	1 8	
	受付者名 : □	Te I	,Fax,来訪、E-Mai	11,郵便 🗆
	実施者名 : (主)		(副)	
	連絡日 :	年		ol Foy 本社 C_Weil 郵信

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