	A	pplica	ation	Form		
Fill in the blanks in English, please Date / month /						
Name	Mr. Ms.			Na	tionality	
Phone No. Cellphone No.				Nı	ımber of	
E-mail					Guests	Male () person(s) Female () person(s)
Please fill out date and time you request and check (2) the appropriate boxes.						
Date	dav mor	nth	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:						
around Iwashimizu Hachimangu Shrine inside of Shrine Others (our guide) (by shrine's admission)						
Comments:						
Terms of our Guide						
All information you provide us will be treated as strictly confidential. We are pleased to provide guide service in English for Iwashimizu Hachimangu Shrin						
Please refer to the following terms on the guided tour.						
However a should be re 2. We cannot 3. One guid 4. Applicatio 5. Two guide	net by you. (ca ot assume respectour may tak on of your tour es will show yo	spenses, sable fee is consibility se up to 6 should room around	euch as ad 200 yen; y for any i tourists, each to us Iwashim	lmission in per person injuries, l guiding l s two we izu Hach	n) osses or/ar nours are eks before imangu Sh	maximum 3 hours . visiting the shrine.
We hope you enjoy your tour of Yawata City and your travel throughout Japan.						
Yawata Tourist Guide Association E-mail: yawataguide2017@yahoo.co.jp FAX: 075-981-1132						
						made in FEB. 2018
ガイド事	務所使用欄(0f	fice Use)			<u>_</u> 9.1	
	受付日 :		年	月 Tal Fan	H	4.: 1 <i>44 1</i> 4
受付者名 : Tel, Fax, 来訪、E-Mail, 郵便 実施者名 : (主) (副) 連絡日 : 年 月 日 Tel, Fax, 来訪、E-Mail, 郵便						

受付番号 (Office Use)