

Application for participation in Akemi Solloway's cultural visits to Japan

<p style="text-align: center;"><u>Declaration</u></p> <p>I, the undersigned, would like to participate in Akemi Solloway's cultural visit to Japan. I understand and accept that, should my application be accepted, I shall pay a non-returnable deposit of £200, followed by the full agreed payment for this activity (cheques made out to School of Japanese Language and Culture) no later than one month before departure (Please see FAQ for payment options and cancellation fees)</p> <p>I further understand and agree that my participation in this cultural visit is dependant on my obtaining (from any professional source) appropriate insurance to cover me for medical expenses, loss of possessions and damage to third party possessions and property, for the period of my visit to Japan.</p> <p>Akemi Solloway's cultural visits to Japan are non-commercial study tours, planned with the help of the host communities and led by a lecturer of Japanese culture. Accommodation is in the homes of local people and there is a programme of cultural activities and visits. I further understand and agree that, should my application be accepted, I shall endeavour to participate fully in all items on the itinerary, including sleeping, eating and bathing in the traditional Japanese manner, and trying the various Japanese arts.</p>	<p>Please attach your photograph here.</p>																																																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Family Name:</td> <td style="width: 25%;"></td> <td style="width: 25%;">Given Names:</td> <td style="width: 25%;"></td> </tr> <tr> <td colspan="4" style="text-align: center; font-size: small;">NB Please give your name exactly as it appears on your passport</td> </tr> <tr> <td>Passport No:</td> <td></td> <td>Expiry date:</td> <td style="text-align: center;">_ / _ / _</td> </tr> <tr> <td>Nationality:</td> <td></td> <td>Date of birth:</td> <td style="text-align: center;">_ / _ / _</td> </tr> <tr> <td>Occupation:</td> <td colspan="3"></td> </tr> <tr> <td>Address:</td> <td colspan="3"></td> </tr> <tr> <td>Telephone:</td> <td></td> <td>E-mail:</td> <td></td> </tr> <tr> <td>Special dietary needs:</td> <td colspan="3"></td> </tr> <tr> <td>Allergies or other medical conditions:</td> <td colspan="3"></td> </tr> <tr> <td>Prescribed medication to be taken to Japan:</td> <td colspan="3"></td> </tr> <tr> <td colspan="4">Interest in Japan (please mention previous visits there, studying the language or culture, or any Japanese events attended in the UK):</td> </tr> <tr> <td colspan="4" style="height: 40px;"></td> </tr> <tr> <td colspan="4">Special requests to do or see particular things while in Japan:</td> </tr> <tr> <td colspan="4" style="height: 40px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">Signed _____</td> <td colspan="2" style="text-align: center;">Dated __ / __ / ____</td> </tr> <tr> <td colspan="4">Please send your completed form and cheque to the following address:</td> </tr> <tr> <td colspan="4">16 School Road Avenue, Hampton Hill, Middlesex TW12 1QJ</td> </tr> </table>	Family Name:		Given Names:		NB Please give your name exactly as it appears on your passport				Passport No:		Expiry date:	_ / _ / _	Nationality:		Date of birth:	_ / _ / _	Occupation:				Address:				Telephone:		E-mail:		Special dietary needs:				Allergies or other medical conditions:				Prescribed medication to be taken to Japan:				Interest in Japan (please mention previous visits there, studying the language or culture, or any Japanese events attended in the UK):								Special requests to do or see particular things while in Japan:								Signed _____		Dated __ / __ / ____		Please send your completed form and cheque to the following address:				16 School Road Avenue, Hampton Hill, Middlesex TW12 1QJ			
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