



KAIYUKAN Group Booking Form

Reservation number

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Date of application Month Day Year

Admission Sun	Month	Day	Year	(Day of the week)
Name of group <small>(please don't write in cursive)</small>				Country
Registration personnel		Estimated time of admission AM • PM : <small>(Entry time is specified every 15 minutes)</small>		
Adult <small>Age 16 and older or High school student</small>	Person		Address	
Child <small>Elementary and Junior high school student</small>	Person		Phone No. (office)	()
Preschool child <small>(Age 3 and older)</small>	Person		Fax No. (office)	()
Email (office)				
T o t a l			Name of the person responsible	
			Number of other(Less than 2 years) Person	

General group <small>(3years of age or older,more than 15 persons)</small>	Student group <small>(15 or more students)</small>
Whether to use elevator Use/Nonuse Wheelchair: (Reserve units in)	

Travel Company		Phone No. (office)	()
		Fax No. (office)	()
Branch Name		Email (office)	
		Name of the person responsible	
(Transportation available) 1 . Train 2 . Ship 3 . Local collection 4 . Bus car (Bus company name:) Sojourn time :AM/PM : ~ AM/PM :			

Fill our field

In answer

Destination: KAIYUKAN Group reception Center
Phone No.+81-6-6576-5533 Fax No. +81-6-6576-5530