

**APPLICATION FOR THE LYDON-MIZOGUCHI Japan 2017 Adventure (Please complete an application for each participant, even if you are a couple or family.)**

**Name:** (include nickname if you wish) \_\_\_\_\_

**Full Official Passport name:** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone Daytime:** \_\_\_\_\_ **Evening:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Please print E-Mail address again** \_\_\_\_\_

**Note: We do most of our communication via e-mail, so your e-mail address is very important to us. We do not share it and send group messages via BCC.**

**Place of Birth** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**US Citizenship?** Yes \_\_\_\_\_ No \_\_\_\_\_ **If no, what country?** \_\_\_\_\_ **Age** \_\_\_\_\_

**Passport # :** \_\_\_\_\_

**( Eventually, we will need photocopy of passport. Don't hold up your application if you don't know your passport # or it's in a safe deposit box or being renewed.)**

**Place Passport Issued:** \_\_\_\_\_ **Date of Issue** \_\_\_\_\_

**Date Passport Expires:** \_\_\_\_\_ **Note: If passport expires before December 1, 2017 you must renew it to meet Japanese visa requirements.)**

**Occupation:** \_\_\_\_\_  
 (If retired, what was your prior occupation before retiring?)

**Roommate:** \_\_\_\_\_ If you don't yet have a roommate, we can use our workshops and other social events as an opportunity to match folks.

**Intend to travel as a single?** \_\_\_\_\_ **Note:** There is a \$1,000 supplement to do so, and only a limited number of spaces at that price.

**Emergency Contact While Out of the Country:**

**Name** \_\_\_\_\_ **Relationship to you** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Evening:** \_\_\_\_\_ **E-Mail** \_\_\_\_\_  
 (over)

**General Health**

**Do you have any significant illness requiring regular care of a physician? (if yes, describe briefly)**

**A note about medications:** We will require that you supply us with a complete list of your medications before departure. We will explain this in pre-trip sessions.

**We may require you to get written approval from your personal physician before departure.**

**Previous International Travel** Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, when, where, with whom? (List beginning with most recent. No need to list everything. Just an idea.)**

**Previous Group Travel?** Traveling with a group requires a certain degree of surrendering to the dictates of the group. Have you been involved in group travel before? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, describe the circumstances. If no, do you think you'll be able to adjust to being with a group? Explain.

List Previous group travel if you haven't already.

Briefly state your reasons for wishing to join the Lydon-Mizoguchi Japan 2017 Adventure.

**Pre-Trip Sessions:** You agree to attend the four Sunday afternoon pre-trip sessions. Group sessions will be in Aptos unless we schedule a group field trip. Most are in the afternoon on the scheduled Sunday: Fourth Sunday of each month in 2017 prior to trip: #1 – January 22, #2 – February 26; #3 – March 26; #4 – April 23.

\_\_\_\_\_yes \_\_\_\_\_no

(Note: Sending a surrogate to “listen and take notes” is not sufficient. We want to get to know you personally. )

**Group travel reference:** If you haven't been a member of a Lydon international travel group and you wish, you may list someone (other than a relative) who can vouch for your previous group travel experience(s), or someone who has had experience with you in group activities.

Name\_\_\_\_\_

Travel Experience\_\_\_\_\_

Telephone or e-mail:\_\_\_\_\_

**Trip Costs: \$7,350 per person double occupancy (\$8,350 single)**

**Statement of Understanding: I have read the trip materials provided, including the Questions and Answers, the 2015 Japan blog, and the web page. I understand the requirements to be part of this group including timely payment of fees, attendance at the pre-trip sessions and willingness to adjust my individual needs to those of the group. I also understand the responsibilities of being a member of this group, and am willing to act as a team member and look out for the welfare of my fellow travelers. I agree to comply with the requirements of the group. I also understand that Sandy Lydon and Pacific Harbor Travel reserve the right to accept or reject any person as a member of this group.**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**

**Return this form, a photocopy of the main page of your passport, and a check for \$1,500 made out to Pacific Harbor Travel to:**

**Sandy Lydon, PO Box 2578, Aptos, CA 95001**

**(The passport page can wait if it is in a safe deposit box or being renewed, etc.)**

**Note: Review – We will keep the application and deposit check uncashed until we have reviewed the application.**

**If we feel that you would not be a good fit for the group, we will notify you and return your deposit check. Please be sure that your e-mail address is current.**

**Note: Trip requires a mature attention span: We do not accept trip members under 21 years of age.**

**This trip is neither affiliated with nor endorsed by Cabrillo College.**