

APPLICATION FOR THE LYDON-MIZOGUCHI Japan 2020 Adventure (Please complete an application for each participant, even if you are a couple or family. Please submit a hard-copy application along with your deposit check, even if you fill it out digitally, hard copy please.

Name: (include nickname if you wish) _____

Full Official Passport name: _____

Mailing Address _____

City: _____ **State:** _____ **Zip:** _____

Telephone - Home: _____ **Cell Phone:** _____

E-Mail: _____

Please print E-Mail address again _____

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

Place of Birth _____ **Date Birth** _____ **Age** _____

Note: Trip requires a mature attention span: We do not accept trip members less than 25 years of 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 November 1, 2020 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. However, one way to insure compatibility is to sign up with a friend.

Intend to travel as a single? _____ **Note:** There is a \$1,000 supplement to do so, and only a limited number of spaces for unaccompanied travelers.

Emergency Contact While Out of the Country:

Name _____ **Relationship to you** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Cell:** _____ **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.

Smoking: This is a no-smoking trip.

Previous International Travel Yes _____ No _____ **If yes, when, where, with whom? (List beginning with most recent. No need to list everything, but include any travel in Asia.)**

Previous Group Travel? Traveling with a group requires 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.

Briefly state your reasons for wishing to join the Lydon-Mizoguchi Japan 2020. Why us and not someone else?

Being part of a travel group requires certain behavioral adjustments. Describe what you believe might be the positive qualities that you will bring to this 2020 Japan Lydon-Mizoguchi group.

After reviewing your personal schedule and calendar between now and April of 2020 will you have the time and energy to devote to preparing for this trip? Describe.

Pre-Trip Sessions: You must agree to attend the four Sunday afternoon-evening pre-trip sessions. Group sessions will be in Aptos unless we schedule a group field trip. Four Sundays in 2020 prior to trip:

#1 – Sunday, January 12, 2020

#2 – Sunday, February 2, 2020

#3 – Sunday, March 1, 2020

#4 – Sunday, March 22, 2020.

You understand this requirement and plan to attend?

_____yes _____no

(Note: Sending a surrogate to “listen and take notes” is not sufficient. We want to get to know you personally. Failure to attend may result in removal from the group.)

About Diet: As indicated in the Questions and Answers, we are unable to accommodate specific dietary requirements on this trip.

Do you affirm that you do not have any dietary restrictions that would require you making overt requests of the tour leaders, chefs, etc.

_____Yes

Trip Costs: Per person, double occupancy: \$7,950 (\$1,000 single supplement)

Refund Policy: Full refund of \$1,500 deposit up to January 1, 2020

Deposit is non-refundable after January 1, 2020

Full fee is non-refundable after February 6, 2020.

Note: We reserve the right to meet with you for an in-person interview if this application warrants it.

Optional Japan Airline Upgrade: We have reserved some seats in what JAL calls “Premium Economy.” We would describe this class as above Economy but not as opulent as Business Class. The seats are wider and have more leg room and the service is a bit more attentive. Passengers holding these tickets also have access to the “Sakura” Departure Lounge in SFO and the JACL VIP lounge at Haneda. There is no Premium Economy class on the interntal flights.

Here is a link to JAL’s Premium Economy:

<https://www.jal.co.jp/en/inter/service/premium/>

The cost for the upgrade is \$950 round trip added to the price of the trip.

If you are interested in the Premium Upgrade, check here _____

Optional Post-Trip Extensions: Review the 4 post-trip extension options and check on of the options or check that you plan to return to SFO on April 19.

Option #1 – Extend 3 days in Tokyo check here _____

Option #2 – Extend 3 days elsewhere in Japan _____

Option #3 – Extend 3 days in Tateyama _____

Option #4 – Extend beyond 3 days and require rewriting air ticket _____

None of the above – intent to return on the scheduled date April 19 _____

Check to affirm that you have read the Questions and Answers for this trip. _____

Check here if you are part of a couple and that you have reviewed the section in the Q's and A's about "uneven couples" and that you are confident that you both have an equal motivation for this trip: _____

Statement of Understanding: I have read the trip materials provided, including the Questions and Answers 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 decline any person as a member of this group.

Signed: _____ Date: _____

Return a hard copy of this application 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 undeposited until we have reviewed the application and completed the in-person interview if necessary.

We take this application very seriously. You should too.

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.

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

We advise that you make a copy of this completed application for your own records.