## Soka City Guide APPLICATION FORM

No.	_	_

## reception date:

Name Of Your Group		
Number Of Participants	# of people	
Representative of your group		
Address or name of your country		
TEL/FAX/Email/Mobile	TEL FAX .	
	Email MOBILE .	
Transportation	1. Public transport 2. Bus(motorcoach / microbus) 3. Bicycle( # of bycycles) 4. Other means of transportation	
Preferred Date and Time	Date:(YYYY/MM/DD) Time:	
In Case Of Rrain	Going $/$ Rain or shine $/$ Cancelled due to snow $/$ Postpone $ ightarrow$	
Meeting Place / Time		
Dismissing Place / Time		
Preferred Course (Time Schedule)		
Guide	In detail / Simple / Only Giving direction	
Remarks		
Guide Staff of the day		

[CONTACT US]
SOKA CITY HALL
CULTURE AND TOURISM SECTION
Email bunkakanko@city.soka.saitama.jp
T E L 0 4 8 - 9 2 2 - 2 4 0 3
F A X 0 4 8 - 9 2 2 - 3 4 0 6