

Par	ticipant Applic	cation Form		
			THE REAL PROPERTY.	
Name:				
D.O.B:				
Address:				
Phone:				
Email:				
Why do you want to come on the Japan Immersive Tour?				
Have you been to Japan be	fore?			
Is this your first time overs	eas? If not, where else have	you travelled to?		
Do you speak any Japanese	?			
Do you have any food intol	erances, allergies or specific	dietary requirements?	,	
Can you sleep on a thick fu	ton mattress on the floor?			
What is your level of fitnes	s? (i.e Can you walk at a bris	k pace for 10 mins witl	nout puffing??)	
Super Fit!	Medium Fitness	Not Very Fit	Completely Unfit	

Do you have any health concerns or injuries that may affect you whilst on the tour?				
Elara will be joining us on the trip, with a dedicated carer accompanying her. Do you have a issues with travelling with an 18month old?	ny			
Do you mind sharing a room with another member of the group?				
Do you have any concerns about travelling in Japan?				
What would you like to personally get out of the tour?				
What qualities can you contribute to the group?				