E-mail: onestop@consortium-kumamoto.jp

To: The Consortium of Universities in Kumamoto

【Application for Kumamoto UNESCO Bus tour】

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| **フリガナ（必須）**  **氏　　名(Name)** | **国　籍**  **（Nationality）** | **緊急電話連絡先**  **（携帯）（Phone）** | **年齢**  **（Age）** | **性別**  **（Sex）** |
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| **（備考）** |

※These information of all family members are required for the travel insurance.

※The Application Deadline is February 25th