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