



E-mail : shichinohe-kankou@outlook.jp

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APPLICATION FORM (period: March 23rd - April 5th)

Title	Select one day
KIMONO PHOTO SESSION @SHICHINOHE HINAMATSURI	4/22(SAT) . 4/23(SUN)
Select convenient times to start for you. (choose 3)	
10:00 . 10:15 . 10:30 . 10:45 . 11:00 . 11:15 . 11:30 . 11:45	
13:00 . 13:15 . 13:30 . 13:45 . 14:00 . 14:15 . 14:30 . 14:45	
*After we receive the application, we will send you the detailed information about the time to start your photo session by email or FAX.	

Please write the information about the applicant.

Name	Gender	Age	Phone Number
E-Mail			

Please write the information about all the participants.*If the applicant also participates in the session, please make sure to write the information on the list below.

Name	Gender	Age
Name	Gender	Age
Name	Gender	Age
Name	Gender	Age

For office use only

お支払方法	現金・当日徴収
料金	お一人様 @3,000 × 名
	合計

【Inquiry】

Shichinohe Tourism Association

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