Form No. 1

 　　　　　　　　　　　　　　　　　　　　　　　　　　　　　Date:　　/ / 　(YYYY/MM/DD)

Ibaraki Prefectural Tourism & Local Products Association

Chairman: Kazuhiko Oigawa

Company name:

Address:

Company representative:

Phone:　　　　　　　　　　　Fax:

　Email:

Contact person:

Application for Ibaraki Prefecture Tour Bus Subsidy Programme 2025

In accordance with the provisions of Article 4, Paragraph 1 for the 2025 Ibaraki Prefecture Sightseeing Tour Bus　Support Subsidy Guidelines, we hereby submit this application along with the required documents.

|  |  |
| --- | --- |
| 1. Name of Tour Package (Travel Product Name): |  |
| 2. Country of original departure: |  |
| 3. Name of Travel AgencyPlease fill in only if the applicant is a land operator. |  |
| 4. Duration of Tour: | 　（　　　　/　　　/　　　-　　　　　/　　　/　　　）(YYYY/MM/DD　　 - 　　YYYY/MM/DD) |
| 5. Number of overnight stays in Ibaraki: | 　　　　　　　Day (One night or more) |
|  | Name of accommodation: |  |
| 6. Names of Tourist Sites visited during the Ibaraki Tour | ①②③④ |
| 7. Estimated number of tour participants | 人　 |
| 8. Name of Bus Company: | 　（Phone number:）  |

※ Attached Documents：

1. Document(s) detailing the tour itinerary (A document showing the expected arrival dates and times at Ibaraki tourist attractions and lodging facilities.)
2. Proof of tour advertising (Brochures, copies of website pages, and similar materials).