Form No. 3

Date:　　/ / 　(YYYY/MM/DD)

Ibaraki Prefectural Tourism and Local Products Association

Chairman: Kazuhiko Oigawa

Company name:

Address:

Company representative:

Phone:　　　　　　　　　　　Fax:

　Email:

Contact person:

**Ibaraki Prefecture Tour Bus Subsidy Programme 2025 Tour Summary Report**

We will announce the results. The results are based on Article 4, Paragraph 3 of the 2025 Ibaraki Prefecture Tour Bus Subsidy Guidelines.

|  |  |
| --- | --- |
| Application No:  \*The number listed on the notification of issuance |  |
| 1. Name of tour package (tour group name) |  |
| 2. Country of original departure |  |
| 3. Name of Travel Agency  Please 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:  Name of accommodation: | nights |
|  |
| 6. Names of Tourist Sites Visited During the Ibaraki Tour: |  |
|  |
|  |
| ７. Tourist facilities, accommodation facilities, etc., within the prefecture:  Evaluation: | Positive Aspects：　　　　　Points for Improvement： |
| ８.Number of Tour Participants： | Participants’ Number ( )  (excluding tour conductors) |
| ９. Name of Bus Company: | （ Phone number:　　　） |

※ Attached Documents：

1. Documents confirming the itinerary (A verification showing the scheduled arrival dates and times at tourist sites and accommodations, etc.)
2. Bus operation certificate or an equivalent document (e.g., an itinerary signed and stamped by the bus company indicating they have undertaken the operation, or the bus company’s operation records, etc.)
3. Additional reference materials