Form No. 7

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 Notice of Tour Changes/Cancellation**

Regarding the content applied for on [Year] [Month] [Day], we hereby notify a change (cancellation) in accordance with Article 4, Paragraph 8 of the 2025 Ibaraki Prefecture Tour Bus Support Subsidy Grant Guidelines.

【Reason for changes/cancellation.】

【Contents of changes to tour (for changes to proposed tours only】

|  |  |
| --- | --- |
| 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:  | 　　　　　　　　　　　　　　Night (1 night or more) |
|  | Name of accommodation: |  |
| 6 Destinations in Ibaraki Prefecture: | ① ② ③ ④ 　 |
| ７　Number of Tour Participants： | 　　　　　　　　　　　　(excluding tour guide) |
| ８　Name of Bus Company: |  （Phone number:　　　　　　　） |

※ Attached Documents：\*Please note that you do not have to re-submit any documents that are the same as at　the time of your original application．

1. Documents confirming the itinerary (A verification showing the scheduled arrival dates and times at tourist sites and accommodations, etc.)
2. Document(s) detailing the tour itinerary (e.g., flyers, copies of website pages)