

## Application Form for Our Guide Services

		Number in group		Age Range
Contact name:			M F	
Telephone:		Mobile		
Contact Address:				
Date and time of the visit you wish to make:				
Places you wish to visit: Please mark.				
		Kochi Castle		Katsura-hama Beach
		Godaisan (Makino Botanical Garden and Chikurinji Temple)		
		Others (give details)		
Meeting place and time for your visit:				
Method of Transport to the site:				
Accommodation	place of stay	telephone	period of stay	
Note				

**Cost of Transport:** We ask visitors to pay your own and our voluntary guides transportation fee, if incurred.

(The below is for Kochi SGG's use only.)

Place and Date the application received: \_\_\_\_\_

Name of the person who received the application: \_\_\_\_\_

Name(s) and Phone No(s) of guide(s): \_\_\_\_\_

Kochi SGG Club  
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