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| **FAX番号　0550-87-7576** |

推奨ツアー申込書

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| ツアー名 |  | | | | | | | | | | | | | | | | | |
| 出発日 |  | | 年 | |  | | | 月 | |  | | | | 日 | | | | |
| ※西暦で表記 | | | | | | | | | | | | | | | | | |
| 宿泊部屋利用 | 2名1室　　 3名1室　　 4名1室　　その他（　　　　　　） | | | | | | | | | | | | | | | | | |
| 事業所名 |  | | | | | | | | | | | | | | | | | |
| 代表者連絡先 | (事業所・自宅) | | | ☎ ( | | |  | | | | | ) |  | | | ― |  |  |
| 申込書等  送付先 | 1.事業所 | 住所（〒 | | | |  | | | ― | |  | | | | ) | | | |
| 2.自　宅 |  | | | | | | | | | | | | | | | | |

参　加　者　名　簿（申込代表者を一番上にご記入ください。）

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| 参 加 者 氏 名 | 会員番号または会員との続柄  該当するものにチェックを入れてください | | | | | | | | | | | 年齢 | 性別 | ※ベネフィ使用欄 |
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| 会員・No. |  |  |  |  |  |  |  |  |  |  |
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| 登録家族(続柄／ | | | **※主催旅行社にツアーの予約を済ませてから、**  **この申込書を提出してください。**  ※太枠内を記入してください。  ※会員・登録家族は、ベネフィ駿東の補助を  受けることができます。 | | | )・一般 | | | |  | (　　　　　) |
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