

Visitor application form

Japan Aerospace Exploration Agency

Kakuda Space Center

Director

1. Date / / / Time : ~ :

2. Name of Visitor

Name : _____

Address : _____

TEL : _____

3. Number of group personal Total (Adults //Child)

4. Transportation

①Car ②Bus ③Train (JR Funaoka station Time of your arrival :)

④Walking ⑤Other

5. Telephone number for case of emergency (Cell phone or other) _____

6. Other

Japan Aerospace Exploration Agency Kakuda Space Center

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We will not use personal information for purposes other than the original intent.

We might submit the information to the public health center or other authority if it is necessary..

Japan Aerospace Exploration Agency Research and Development Directorate
Management and Integration Department Kakuda Administration Division

TEL : 050-3362-7500 FAX : 0224-68-2860