

“HAPPY VOICE” Broadcast Application Form

Date of application	/	/	/
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Date you wish to record	/ /	Time you want to record	15:00~ 16:00~	Number of participants	
	First choice	Second hope			
Date you wish to record	/ /	/ /			
Mr./Mrs./Ms.				Age	
Name of Representative	Last name				
	First name				
Representative's address					
Representative's contact information	Phone number	Home telephone number	—	—	
		Mobile phone number	—	—	
	Fax number		—	—	
	E-Mail		@		
Choice of your BGM	(A)Happy (B)Funnyly (C)Relaxation				
Purpose of casting on radio	(1)Message to family and friends (2)Memorial of the trip (3)Cheering Messages (4)I want to talk on the radio				

●Reception will not be completed only by sending this application form.I will reply the situation of the desired recording date.

After that, we confirm that you have paid the fee, and the reception will be completed.

●Destination Musashino City Tourism Organization Person in charge of HAPPY VOICE (9:00~18:00 every day)

E-Mail : kanko_office@musashino-kanko.com

FAX : 0422-23-5901

●Personal information in this application form will not be used for purposes other than “HAPPY VOICE”.

●Reception entry field

受付日	受付区分	受付者	参加証発送
/	電話 メール 来所		/
カタカナ			
名前の 読み方			

受付No
10 月 一