

Form 1

Date : / /

To:
Nozawa Onsen Ski Resort Designated Manager
Nozawa Onsen Co., Ltd.
Representative Director and President Mikio Katagiri

Application for Permission to Open a Short-term Ski School

Organization, Company or individual name	
Organization, Company or Individual Profile	
Name of Representative	
Address	Zip Code : —
Contacts	TEL — — Mail.
Contact Person Name	
Emergency Contact (cellular phone)	— —

※In addition to this application form, attach any other documents necessary for the application.

～ Oath ～

When using Nozawa Onsen ski resort, we will ensure the safety of our users and understand and comply with the Nozawa Onsen Village Ski Resort Safety Regulations and the Nozawa Onsen Ski Resort Management Regulations. In addition, we will not use season tickets of any kind for lessons

Date : / /

Representative Signature :

[Season tickets cannot be used for lessons.]