Tour division of Kobayashi Travel Service
TOUR REGISTRATION FORM

Kobayashi Travel Service

Honolulu Office
650 Iwilei Road Suite 410
Honolulu, Hawaii 96817
Phone: (808) 593-9387
Email: ktshnl@ktshawaii.com

Hilo Office
688 Kinoole St C123
Hilo, Hawaii 96720
Phone: (808) 935-5418
Email: ktshilo@ktshawaii.com

Enclosed is my $100.00 deposit per person to reserve space on:
(Deposit amount may vary on select tours)
(Cash or check only—payable to Kobayashi Travel Service)

***International Tours including Canada - Please enclose a copy of your passport**
***US Mainland Tours - Please enclose a copy of your government issued picture identification**

TOUR: _____ Departing on_____ for_____ persons

Last	First	Middle	Gender	Date of Birth	Frequent Flyer #
			M / F	/ /	
			M / F	/ /	
			M / F	/ /	

Mailing Address: _____

City / State / Zip Code: _____

Phone (Res) _____(Bus) _____Cell _____Email _____

Accommodations: Single [ ] Double [ ] Triple [ ]

Please check all that apply:
[ ] Plan to deviate or return later - please notify us as soon as possible
[ ] Land Only (own airfare) - please notify us of your flight schedule as soon as possible
[ ] Need interisland flights: [ ] Yes [ ] No

Payment: I wish to pay the airfare by: [ ] Check/Cash [ ] Credit Card

Complete name on credit card: _____

Card Number & Expiration Date: _____
(Land cost must be paid by cash or check)

Travel Insurance: [ ] Yes, send me a brochure on Allianz Travel Insurance. By doing so, I understand that I am under no obligation to purchase insurance.

[ ] No, I am not interested to purchase travel insurance.

In case of emergency while on tour, please notify: _____

Relationship: _____ Residence Phone:_____Business Phone:_____Cell:_____

Please list any medical, food allergies or other assistance required: _____

Special Requests: _____

NOTE: *All requests will be fulfilled to the best of our ability. However, all requests are based upon availability and never guaranteed. I/We the undersigned have read carefully and understand the General Conditions pertaining to the above stated tour and agree to these conditions. All information will remain confidential.*

Name: _____ Signature: _____ Date: _____

For Office Use Only

Agent Initials: _____

Early Booking Discount: ☐ Yes ☐ No

Date Deposit Received: _____

Deposit Amount: _____

Receipt Number: _____

Insurance brochure mailed: _____

Notes: _____

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