



Tour division of Kobayashi Travel Service
TOUR REGISTRATION FORM

Kobayashi Travel Service

Honolulu Office
 1040 S. King St #200
 Honolulu, HI 96814
 Tel: 808 593 9387
 Email: ktshnl@ktshawaii.com

Koolau Office
 45-955 Kamehameha Hwy
 Kaneohe, HI 96744
 Tel: 808 233 1155
 Email: ktskoolau@ktshawaii.com

Hilo Office
 688 Kinoole St, C-123
 Hilo, HI 96720
 Tel: 808 935 5418
 Email: ktshilo@ktshawaii.com

**Enclosed is my \$100.00 deposit per person to reserve space on:
 (Cash or check only—payable to Kobayashi Travel Service)**

TOUR: _____ Departing on _____ for _____ persons

Legal Name: _____ Frequent Flyer # _____

Legal Name: _____ Frequent Flyer # _____

Legal Name: _____ Frequent Flyer # _____

Legal Name: _____ Frequent Flyer # _____

Mailing Address: _____

City / State / Zip Code: _____

Phone (Res) _____ (Bus) _____ Email _____

Accommodations: Single Double Triple Quad
 Smoking Non-Smoking

Please Check: Will return with group
 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 *restrictions apply

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 the Access America 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. I have read and understand the benefit summary and decline at this time.

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

Relationship: _____ Residence Phone: _____ Business Phone: _____

Please list any medical 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: _____

Date Deposit Received: _____

Insurance brochure mailed: _____

Deposit Amount: _____

Notes: _____

Early Booking Discount: Yes No

Receipt Number: _____