



Tour division of Kobayashi Travel Service  
**TOUR REGISTRATION FORM**

Kobayashi Travel Service	
Honolulu Office 1040 S. King Street #200 Honolulu, HI 96814 Tel: (808) 593-9387 Email: ktshnl@ktshawaii.com	Hilo Office 688 Kinoole Street #C123 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

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

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  
 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: _____
Early Booking Discount: <input type="checkbox"/> Yes <input type="checkbox"/> No	Deposit Amount: _____	Notes: _____
	Receipt Number: _____	_____