



A tour division of Kobayashi Travel Service

Contact your travel agent:
KOBAYASHI TRAVEL SERVICE
650 Iwilei Road; Suite 410
Honolulu, Hawaii 96817
Phone: (808) 593-9387
www.ktshawaii.com

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

\*\*International Tours including Canada – Please submit a copy of your passport
\*\*US Tours – Please submit a copy of your government issued picture identification

TOUR: \_\_\_\_\_ Departing on \_\_\_\_\_ for \_\_\_\_\_ persons

Form for passenger information: Last, First, Middle, Gender, Date of Birth, TSA or Global Entry #, Mileage # and Airline

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Mailing Address/City/State/Zip: \_\_\_\_\_

Phone: (Residence) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email \_\_\_\_\_

Accommodations: Single [ ] Twin [ ] Triple [ ]

Please check all that apply:
[ ] Plan to deviate
[ ] Land Only (own airfare) - please notify us of your flight schedule as soon as possible
[ ] Need interisland flights

Payment: Most airlines are not allowing the use of individual credit cards for group tour air tickets. Both land cost and airfare must be paid by check.

Travel Insurance: [ ] Yes, I am interested. I understand that I am under no obligation to purchase insurance.

In case of emergency while on tour, please notify: \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

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, Date Deposit Received, Acknowledgment sent, Deposit Amount, Early Booking Discount, Receipt Number