



Tour division of Kobayashi Travel Service
TOUR REGISTRATION FORM

Kobayashi Travel Service

Honolulu Office
650 Iwilei Rd Suite 410
Honolulu, Hawaii 96817
Phone: (808) 593-9387
www.ktshawaii.com

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

Enclosed is my \$100.00 deposit per person to reserve space:

(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**

****U.S. 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 _____
[] 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
(Our staff will contact you at the appropriate time for your credit card information)

(Your land cost must be paid by either 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: _____	Date Deposit Received: _____	Insurance brochure mailed: _____
Early Booking Discount: <input type="checkbox"/> Yes <input type="checkbox"/> No	Deposit Amount: _____	NOTES: _____
	Receipt Number: _____	_____