



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

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:  
 (Deposit amount may vary on select tours)

(Cash or check only—payable to Kobayashi Travel Service)

**\*\*International Tours including Canada - Please submit a copy of your passport**

**\*\*U.S. Mainland Tours - Please submit 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: (Residence) \_\_\_\_\_ (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 (**restrictions may apply**)  
 (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 \_\_\_\_\_ 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: _____	Insurance brochure mailed: _____
Early Booking Discount: <input type="checkbox"/> Yes <input type="checkbox"/> No	Deposit Amount: _____	Acknowledgement mailed: _____
	Receipt Number: _____	NOTES: _____