

**FAX BOOKING REQUEST FORM**

Fax: 808-738-3001

\*Required Fields

**Golf**

Tour Date*	Month			Day		Year	
1st Request*							
2nd Request*							
No. of Player*				No. of Rider			
Remarks (Fill up desired Tee Off Time, etc.)							

**Optional Tours**

Tour*							
Tour Date*	Month		Day			Year	
Adult*	Child		Infant				
Remarks							

**Contact Information**

Name*	First		Middle			Last	
Address*							
Phone No.*				Fax No.			
E-mail Address*							

**Travel Information**

Hotel*													
Honolulu Arrival Date	Month		Day		Year		Departure Date	Month		Day		Year	

**Credit Card Information**

Card Type*	AMEX · VISA · MASTER · JCB (please circle one)									
Card Number*				Expiration Date*		/		*Enter as shown on Credit Card (Ex: 07/09)		

I have read and agree to the About Booking Request of this reservation. **Yes / No** (please circle one)