

GROUP RESERVATION REQUEST FORM
34th BOMB SQUADRON 2007 REUNION
May 23 – 27, 2007

Please fill out the following and mail/fax to: Hale Koa Hotel, 2055 Kalia Rd., Honolulu, HI 96815, FAX-1- 800-425 3329 (from CONUS). Requests due By: March 31, 2007-Requests received after the due date will be based on availability.

Last Name: _____ First Name: _____

Rank: _____ PAY GRADE: _____ Branch of Service: _____

Active Duty: ___ Retired:___ 100% DAV ID:_____

ADDRESS: _____

CITY: _____ STATE:_____ ZIP CODE: _____ SMOKER:___NON-SMOKER: ___

BUS AREA CODE/PH: _____ HOME AREA CODE/PH: _____

CELL AREA CODE/PH: _____ E-MAIL: _____

ARRIVAL: _____ DEPARTURE: _____ #of ADULTS: ___ CHILD AGES: _____

Name of Spouse or guest sharing room: _____

TYPE OF ROOM: PARTIAL OCEAN VIEW

*Rate: Single/Double Occupancy: E1-E5 - \$94 E6-E9, WS,100%DAV-\$111 04-010-\$120

*Rates are subject to change effective October 1, 2006.

Additional Person 12 yrs & above: \$15 per person. Maximum 4 persons in a room sharing two beds.

Rollaways or cots are not allowed.

If second room is required for immediate family*

Provide Names:_____ Relationship:_____

*Immediate Family: Parents, Siblings, In-Laws, Non-Dependent children, Grandparents, Grandchildren

EARLY DEPARTURE FEE: After check-in, if departure date changes, a one night's room rate will be incurred.

CANCELLATION POLICY: Reservations must be cancelled 30 days prior to arrival date to avoid a late cancel charge of one night's room rate.

A one night's deposit via check or credit card will be required to guarantee reservations. Credit card will be charged a one night's room rate.

Check No. _____ Amount: _____

Credit Card Number: _____ Expiration Date: _____

Cardholder Name : _____ (Guest must be residing in the hotel)

Confirmation of reservations outside the block dates will be based on room availability. If requesting other than a Partial Ocean View, please indicate your preference: _____.

PLEASE DO NOT BOOK ON-LINE TO AVOID DUPLICATION OF RESERVATIONS.