



# Naka's Travel Service

1647 Liliha Street, Honolulu HI 96817

http://www.nakastravel.com

Telephone (808) 522-0810

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

(Deposit amount may vary on select tours)

(Cash or check only - payable to Naka's 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** [ ] Plan to deviate \_\_\_\_\_

**all that apply:** [ ] 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 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 \_\_\_\_\_ 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: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_

NOTES: \_\_\_\_\_

Early Booking Discount:  Yes  No

Receipt Number: \_\_\_\_\_

\_\_\_\_\_