



71 Banyan Drive
 Hilo, HI 96720
 808-935-9361/808-961-9642
 www.castleresorts.com

HILO HAWAIIAN
 HOTEL

Advance Reservations Form

Client/Organization _____
Aikido Of Hilo

Time Frame _____
 Checkin Date: Fri 08/30/2019
 Checkout Date: Tue 09/03/2019
 Release Date: Fri 07/19/2019
 Group Code: H19049

STANDARD GARDEN VIEW NET RATE: \$134.00 PLUS TAX, PER NIGHT

DELUXE OCEAN VIEW NET RATE: \$154.00 PLUS TAX, PER NIGHT

ROOM COMMITMENTS

TERMS AND CONDITIONS

H19049

Guest Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Arrival date: _____ Time: _____ Departure date: _____

Please indicate number of people in room: _____

STANDARD GARDEN VIEW: _____ Bedding: 1 King or 2 Doubles
 Maximum persons: 4 with existing bedding

DELUXE OCEAN VIEW: _____ Bedding: 1 King or 2 Queens
 Maximum persons: 4 with existing bedding

*Rates are net, non-commissionable.
 *Cancellation Policy: 4 days cancel notice is required for a refund.
 *Roll away: Please add \$30.00 plus tax, per day. Roll-away(s) needed: _____

*All rates subject to Hawaii State GE and Transient taxes. Taxes subject to change without notice.
 2018 Hawaii State GE Tax 4.166%, Hawaii State TAT 10.25% (Total: 14.416%)

To confirm your reservation, please enclose a 1 nights' deposit. If you wish to confirm with your credit card, a 1 nights' deposit of room and tax will be charged upon confirmation. Please fax to (808) 969 -6472 OR Email to hres@castleresorts.com.

Type of credit card: _____ Number: _____

Full name on credit card: _____ Exp. Date: _____

Signature on credit card: _____

**Request for rooms must be received by the release date noted above or be subject to rate and space availability.