Royal Kona Resort

"AN OCEAN FRONT LANDMARK IN THE HEART OF KAILUA-KONA"! ®

PAY DIRECT
ROOM RESERVATION REQUEST

Group Name: **FERNANDEZ & TOWNSEND WEDDING – February 14 – 19, 2007**

Name of Guest: _____

Home Telephone: _____ **Business Telephone:** _____

Email Address: _____ **Fax Number:** _____

Mailing Address: _____

Total # of people in room: **Adults** _____ **Arrival Date:** _____

Children (>18 years)_____ **Departure Date:** _____

Credit Card Information: # _____ **Expires:** ____/____

Cardholder Name: _____

Signature: _____

Billing Address: _____

ROOM CATEGORY/RATE INFORMATION: (Please choose one) **February 14 – 19, 2007**

_____	$125.00	Garden Mountain View	_____	$169.00	Ocean Front
_____	$145.00	Ocean View	_____	$199.00	Oceanfront Corner King

All rates are in US Dollars. Rates are for single or double occupancy and subject to 4.166% Hawaii Excise Tax plus 7.25% Hawaii Hotel Taxes (subject to change). There is no charge for children 17 years or younger when sharing with parent (s). The maximum number of adults allowed per room is four (4). An additional charge of $35.00 per night plus taxes will be applied for each additional adult.

Reservations received after January 14, 2007, or after the rooms reserved for this group have been sold, are subject to availability and at the Hotel's prevailing rate. For guests wishing to extend their stay, the group rate will be available for 3 days pre and post of the group dates, based on available rooms.

Your reservations request must be accompanied by a check or money order for a two (2) night room and tax deposit. Please do not send cash. Make your check payable to the **ROYAL KONA RESORT**. Credit card guarantees are also accepted. Your credit card will be charged for an advance deposit of (2) two nights room and tax. The card will also be charged for late cancellation fees and no-shows, if applicable.

CANCELLATION POLICY

Cancellations that are received within 72 hours will be charged for all nights reserved. Individuals with guaranteed reservations that fail to arrive on the confirmed date will be charged for the entire stay. Late arrivals and early departures will be charged for the unused nights at the Group rate.

CHECK IN TIME: 3:00PM/CHECK OUT TIME: 12NOON

FLIGHT INFORMATION:

Arrival Flight/Date/Time: _____

Departure Flight/Date/Time: _____

PLEASE RETURN FORM WITH DEPOSIT TO:

Royal Kona Resort - Group Reservations
75-5852 Alii Drive
Kailua-Kona, Hawaii 96740 Ph: 808-329-3111 **Fax: 808-329-9532**