## GROUP RESERVATION REQUEST FORM MCB 53 HAWAII REUNION OCTOBER 20 – 27, 2008

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) or Email:Reservations@halekoa.com. Requests due: August 20, 2008 Requests received after the due date will be based on availability.

Last Name:			_ First Name:
Rank:	PAY GRADE:		Branch of Service:
(Note: Valid n	00% DAV ID:V nilitary ID required f	or check-in)	
CITY:		STATE:	ZIP CODE:
BUS AREA C	CODE/PH:		HOME AREA CODE/PH:
CELL AREA CODE/PH:			E-MAIL:
ARRIVAL:	DEPA	RTURE:	#of ADULTS:CHILD AGES:
E6-E9, O1-O O4-O10, CW4 *RATES ARE Additional Per Rollaways or If second roor Provide Name *Immediate F EARLY DEP CANCELLAT cancel charge A one night's charged a one Credit Card N	4-CW5-Single/Doub E SUBJECT TO CHA rson 12 yrs & aboves cots are not allowed n is required for imm :	O3-100%DAV- le Occupancy: \$ ANGE OCTOB \$15 per person mediate family* mgs, In-Laws, N r check-in, if de ervations must b rate. credit card will	ER 1, 2008 . Maximum 4 persons in a room sharing two beds. Relationship: on-Dependent children, Grandparents, Grandchildren parture date changes, a one night's room rate will be incurred be cancelled 30 days prior to arrival date to avoid a late be required to guarantee reservations. Credit card will be Expiration Date:
Cardholder Na	ame :		( Guest must be residing in the hotel)
Confirmation other than a l	n of reservations ou	tside the block	dates will be based on room availability. If requesting e your preference:and

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